



BIAC / BIAPEI 1st Annual Brain Injury Awareness Golf Tournament
Monday, August 22, 2011
Fox Meadows Golf & Country Club, Stratford, PEI
GOLFER REGISTRATION

Name: _____
 Address: _____
 E-Mail: _____ Tel: _____ Fax: _____
 Yes, I will register _____ golfers at a cost of \$200 / golfer **Total enclosed \$ _____**
 I will be attending the Tourney Reception at a cost of \$35 /person **Total enclosed \$ _____**
 I am unable to attend the tournament but would like to make a donation of \$ _____

NAMES AND ADDRESSES OF THE OTHER PLAYERS IN YOUR GROUP:

1. Name: _____
 Address: _____
 E-Mail: _____ Tel: _____ Fax: _____
2. Name: _____
 Address: _____
 E-Mail: _____ Tel: _____ Fax: _____
3. Name: _____
 Address: _____
 E-Mail: _____ Tel: _____ Fax: _____

Method of Payment

Cheque (payable to the Brain Injury Association of Canada)
 VISA Mastercard
 Invoice Required. Payment to follow later

Credit Card Number: _____ Expiry Date: _____

Cardholder Signature: _____ Payment enclosed: \$ _____

Please indicate how you would like to allocate the tax receipt(s):

**PLEASE FAX TO 613-782-2228 ,
 SCAN & E-MAIL TO INFO@BIAC-ACLC.CA
 OR MAIL REGISTRATION FORM**