

Don't miss out on the...

CenturyVallen
Recreation for Life Foundation
10th Anniversary
Charity Golf Tournament



Date: Monday, June 11th, 2012
Location: Derrick Golf & Winter Club
3500 - 119 St.
Edmonton, AB
Fees: \$300 per golfer
Registration Deadline: May 28th, 2012

SCHEDULE:
Registration & Lunch: 11:00 a.m. - 12:30 p.m.
Shotgun Start: 1:00 p.m.
Banquet Dinner: 7:00 p.m.

How to Register:

Register online @ www.Golf.RecreationforLife.org or Mail or fax the registration form with full payment to:

Recreation for Life Foundation
Suite 202, 15023 - 123 Ave. NW
Edmonton, AB T5V 1J7

Phone: 780 - 422 - 8103
Fax: 780 - 643 - 1776
E-mail: golf@recreationforlife.org

We are still in need of sponsors & prizes!

If you are interested in becoming a sponsor, please contact **Kathleen Badry** at **780 - 422 - 8103** or fill out the information below and an RFLF representative will contact you with further details on our exciting sponsorship opportunities.

DONATIONS (cash, prizes, silent auction items, etc.)

Description of Donation: _____ Donation Value: _____
Donor information (if different from primary golfer):
First Name (no initials please): _____ Last Name: _____
Position Title: _____ Organization Name: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (Work): _____ (Cell): _____ E-mail: _____

SPONSORSHIP (see RFLF website for details)

Name of Sponsor: _____
Level of Sponsorship: _____
Sponsor information (if different from primary golfer):
First Name (no initials please): _____ Last Name: _____
Position Title: _____ Organization Name: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (Work): _____ (Cell): _____ E-mail: _____



Recreation for Life Foundation Team/Individual Registration Form



Team Leader/Golfer #1: _____
Company: _____
Address: _____

City, Prov, PC: _____
Phone (Work): _____ **(Cell):** _____
E-mail: _____
Handicap: _____ **Shirt Size (S-XXXL):** _____ Mens Ladies
Meal Choice: Steak Chicken Veg Salmon
Individual Payment Options:
 Cheque (Payable to Recreation for Life Foundation)
 Visa Mastercard Amex
Name on Card: _____
Card Number: _____
Expiry: _____ **Amount:** \$ _____
Signature: _____

Golfer #2: _____
Company: _____
Address: _____

City, Prov, PC: _____
Phone (Work): _____ **(Cell):** _____
E-mail: _____
Handicap: _____ **Shirt Size (S-XXXL):** _____ Mens Ladies
Meal Choice: Steak Chicken Veg Salmon
Individual Payment Options:
 Cheque (Payable to Recreation for Life Foundation)
 Visa Mastercard Amex
Name on Card: _____
Card Number: _____
Expiry: _____ **Amount:** \$ _____
Signature: _____

Golfer #3: _____
Company: _____
Address: _____

City, Prov, PC: _____
Phone (Work): _____ **(Cell):** _____
E-mail: _____
Handicap: _____ **Shirt Size (S-XXXL):** _____ Mens Ladies
Meal Choice: Steak Chicken Veg Salmon
Individual Payment Options:
 Cheque (Payable to Recreation for Life Foundation)
 Visa Mastercard Amex
Name on Card: _____
Card Number: _____
Expiry: _____ **Amount:** \$ _____
Signature: _____

Golfer #4: _____
Company: _____
Address: _____

City, Prov, PC: _____
Phone (Work): _____ **(Cell):** _____
E-mail: _____
Handicap: _____ **Shirt Size (S-XXXL):** _____ Mens Ladies
Meal Choice: Steak Chicken Veg Salmon
Individual Payment Options:
 Cheque (Payable to Recreation for Life Foundation)
 Visa Mastercard Amex
Name on Card: _____
Card Number: _____
Expiry: _____ **Amount:** \$ _____
Signature: _____

To process one payment for your whole team's fees, please fill out the information below:

Amount Due:

Golf Packages: _____ x \$300 (each) = \$ _____
 Dinner Only / Additional Dinner: _____ x \$55 (each) = \$ _____
 Lunch Only: _____ x \$25 (each) = \$ _____
 Donations and/or Sponsorships: _____ = \$ _____
 Total = \$ _____

*Golf Package includes lunch, dinner, golf, a gift and a \$50 charitable receipt.

*Refunds will be considered prior to May 28th, 2012, less a \$25 administration fee. No refunds will be made for cancellations after May 28th, 2012.

*All listed prices include GST.

Method of Payment: Visa MasterCard Amex Cheque (payable to Recreation for Life Foundation)
Card Number: _____ **Expiry Date:** _____
Cardholder's Signature: _____ Yes, I would like to receive a charitable receipt.