

The Robbie J Memorial Golf Tournament

In Support of The



Date: Tuesday, September 22, 2009
Location: Grandview Golf & Country Club, Dartmouth
Start: 1:00 PM Shotgun Start
Registration: 11 AM - 12:30 PM
Entry Fee: \$480 (per team) (\$560 with Cart)/ \$120 (single)(\$140 with cart)
Meal Only - \$50

Please complete the following information for your foursome or for an individual entry and ensure that a meal preference is indicated. Cheques are payable to the 'Robbie J Memorial Tournament' and can be mailed to 89 Candy Mountain Rd., Mineville, NS, B2Z 1K4. E-Mail entries can be sent to stulawrie@eastlink.ca.

1)NAME: _____
ADDRESS: _____
E-MAIL: _____
MEAL: STEAK_____ **CHICKEN**_____ **CART** (please circle) **Yes No**
PAYMENT (Please circle) **MCARD VISA CHEQUE**
Card Number_____ **Exp Date**_____ **Name of Cardholder**_____

2)NAME: _____
ADDRESS: _____
E-MAIL: _____
MEAL: STEAK_____ **CHICKEN**_____ **CART** (please circle) **Yes No**
PAYMENT (Please circle) **MCARD VISA CHEQUE**
Card Number_____ **Exp Date**_____ **Name of Cardholder**_____

3)NAME: _____
ADDRESS: _____
E-MAIL: _____
MEAL: STEAK_____ **CHICKEN**_____ **CART** (please circle) **Yes No**
PAYMENT (Please circle) **MCARD VISA CHEQUE**
Card Number_____ **Exp Date**_____ **Name of Cardholder**_____

4)NAME: _____
ADDRESS: _____
E-MAIL: _____
MEAL: STEAK_____ **CHICKEN**_____ **CART** (please circle) **Yes No**
PAYMENT (Please circle) **MCARD VISA CHEQUE**
Card Number_____ **Exp Date**_____ **Name of Cardholder**_____

Meal Only
NAME: _____
ADDRESS: _____
E-MAIL: _____
MEAL: STEAK_____ **CHICKEN**_____ **CART** (please circle) **Yes No**
PAYMENT (Please circle) **MCARD VISA CHEQUE**
Card Number_____ **Exp Date**_____ **Name of Cardholder**_____