



REGISTRATION:

NAME/ COMPANY: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

Number of golfers: _____ (If you do not have a foursome, one can be arranged for you)

Name of golfers: _____

Number of "Dinner Only" guests: _____ (Cost per dinner \$60)

Number of Guests with Dietary Restrictions: _____ Details: _____

FORM OF PAYMENT:

Invoice Requested

Cheque Enclosed:
(Please make all cheques payable to: St. Clair College)

PLEASE RETURN THIS FORM WITH PAYMENT BY JULY 1, 2024

2000 Talbot Rd. West, Box 15, Windsor, Ontario, Canada N9A 6S4
Phone: (519) 972- 2727 ext. 4505
Email: tbouchat@stclaircollege.ca