

# FIRST ANNUAL DR. WATSON BUCHANAN MEMORIAL FUND GOLF TOURNAMENT

## 2009 REGISTRATION FORM

TUESDAY, JUNE 30, 2009 • DUNDAS VALLEY GOLF & CURLING CLUB

TEAM NAME: \_\_\_\_\_

PLAYER #1: \_\_\_\_\_ HANDICAP: \_\_\_\_\_

PLAYER #2: \_\_\_\_\_ HANDICAP: \_\_\_\_\_

PLAYER #3: \_\_\_\_\_ HANDICAP: \_\_\_\_\_

PLAYER #4: \_\_\_\_\_ HANDICAP: \_\_\_\_\_

I do not have a complete foursome and would like to be placed on a team.

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate below any allergies or vegetarian requests below. Please note the player(s) with the request(s):

\_\_\_\_\_  
\_\_\_\_\_

### AMOUNT DUE (\$175/PLAYER OR \$100 FOR DUNDAS MEMBERS):

**Payment Enclosed** (*cheque payable to "Watson Buchanan Memorial Fund"*)

**Method of Payment:**  **Visa**  **Mastercard**  **Cheque**

EXACT NAME ON CARD: \_\_\_\_\_

CARD#: \_\_\_\_\_ EXPIRY: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail this completed form and payment to:

**Sjögren's Society of Canada**

32 Oneida Drive, Brantford, ON N3S 0A8



**Note:** A tax receipt for a portion of the ticket fee will be sent to you. Federal Registered Charity #81858 8956 RR0001.