

Registration Form

7th Annual Mid-Winter INDOOR GOLF CLASSIC



NAME 1 _____
Address _____
City _____
Postal Code _____
Phone _____
Email _____

NAME 2 _____
Address _____
City _____
Postal Code _____
Phone _____
Email _____

NAME 3 _____
Address _____
City _____
Postal Code _____
Phone _____
Email _____

NAME 4 _____
Address _____
City _____
Postal Code _____
Phone _____
Email _____

- Foursome (\$400)
 I will enter a foursome I will donate my foursome
 Flag Sponsor (\$250)
 Prize Donation (Value \$ _____)
Item donated: _____

TEE TIMES (please circle your preferred time)

Thursday March 20, 2014

7:00 pm

Friday March 21, 2014

9:00 am 12:30 pm 4:00 pm 7:30 pm

Saturday March 22, 2013

9:00 am 1:00 pm

REGISTRATION

Please register on-line at
www.biaww.com
or complete this form and send it to:
The Brain Injury Association
450 Westheights Drive, Unit 18A
Kitchener, ON N2N 2B9

- Cheque
 Visa / MasterCard exp. _____ / _____
Card #: _____
Name on Card: _____
Security Number: _____

**Information from this form is shared only with BIAWW & Golf Without Limits*



GOLF WITHOUT LIMITS

Indoor Golf Club & Academy

283 Northfield Drive East
Waterloo, Ontario N2J 4G8
519.342.3904 1.866.864.6351