

Player Registration Form

ACC Annual Golf Tournament
Angus Glen Golf Club
North Course
Sunday May 29, 2016



Foursome Information

Name, Company: _____

Tel: _____ Fax: _____

E-Mail: _____

Please reserve Golf and Dinner for _____ person(s) - \$250 per person

Registration 10:00am • Lunch 11:30am • Shotgun 12:30pm • Dinner 6:30pm

Foursome Names: (Please Print)

Please use separate registration forms for each golfer if all 4 are not of the same method of payment)

1. Name: _____ Last Name: _____

2. Name: _____ Last Name: _____

3. Name: _____ Last Name: _____

4. Name: _____ Last Name: _____

Payment Information

Credit card number



Expiry

Name on card

CVV (3 digits on the back)

Credit card Billing Address

Address Line (house number, unit, street)

City

Province

Postal Code

Is a receipt required?

YES/NO

Please send completed registration to
info@accgolf.ca or Fax to 416 789 9520
www.accgolf.ca

Please send and make all cheques payable to:
Acc Golf Tournament
45 Hallcrown Place
Willowdale, Ontario M2J 4Y4