


2018 TRAUMA GOLF CLASSIC
 Thursday, August 9th, 2018
 RiverBend Golf Course
REGISTRATION FORM

Please complete this registration form and return it to,

Lernalers LLP
 Lawyers
 85 Dufferin Avenue
 PO Box 2335
 London ON N6A 4G4
 ATTEN: Shawn Smith
 Email: "sjsmith@lernalers.ca"

Cheques can be made payable to "Lernalers LLP – Trauma Program". [Cost of a foursome is \\$1,350.00](#)

I consent to the Trauma Golf Classic contacting me via email for the purpose of providing to me information/documentation pertaining to the Trauma Golf Classic – (Please circle your response)

RE GOLF:

Contact (Player #1): _____ **YES / NO**
 Company: _____
 Address: _____
 PC: _____ Phone #: _____
 E-mail: _____
SPECIAL DIETARY NEEDS: _____

Contact (Player #2): _____ **YES / NO**
 Company: _____
 Address: _____
 PC: _____ Phone #: _____
 E-mail: _____
SPECIAL DIETARY NEEDS: _____

Contact (Player #3): _____ **YES / NO**
 Company: _____
 Address: _____
 PC: _____ Phone #: _____
 E-mail: _____
SPECIAL DIETARY NEEDS: _____

Contact (Player #4): _____ **YES / NO**
 Company: _____
 Address: _____
 PC: _____ Phone #: _____
 E-mail: _____
SPECIAL DIETARY NEEDS: _____

**** ALL FOURSOMES MUST BE PAID IN FULL IN ADVANCE OF THE TOURNAMENT DATE ****

RE DINNER ONLY: (Cost \$125 per person) (attach additional page if more names required)

Name: _____ / Email: _____ - Contact **YES / NO**
Special Dietary Needs: _____
 Name: _____ / Email: _____ - Contact **YES / NO**
Special Dietary Needs: _____

