



5th Annual Autism Calgary Golf Tournament

Redwood Meadows Golf and Country Club
Monday, August 30, 2010

REGISTRATION FORM

Foursomes:

Company or Team Name: _____

Contact Name: _____

Contact Address: _____

City: _____ Prov: _____ Postal Code: _____

E-Mail: _____ Cell: _____

Golfer #1: _____ Handicap: _____

E-Mail: _____ Cell: _____

Golfer #2: _____ Handicap: _____

E-Mail: _____ Cell: _____

Golfer #3: _____ Handicap: _____

E-Mail: _____ Cell: _____

Golfer #4: _____ Handicap: _____

E-Mail: _____ Cell: _____

**Please fax completed confirmation form to 403-250-2526 or
email to golf@autismcalgary.com**