



Registration Form

The Professional Associations of Ottawa 3rd Annual Charity Golf Tournament in support of the MAKE-A-WISH Foundation **Nine & Dine!** Monday, August 16, 2010 at **Eagle Creek Golf Club**

Please check the package you prefer:

- Individual - Tournament & Dinner
Before June 30, 2010 - \$127 / After June 30, 2010 - \$147
- Foursome - Tournament & Dinner
Before June 30, 2010 - \$497 / After June 30, 2010 - \$597
- Dinner only: \$67.00 per person

Location: Eagle Creek Golf Club
109 Royal Troon Lane,
Dunrobin, ON K0A 1T0
613-832-3400
www.clublink.ca

Format: 4 person best ball

Association affiliation:

- CAPS Ottawa Chapter
- Sales Professionals of Ottawa
- Ottawa Prof. Coaches Assn (ICF Ottawa)
- Unknown

Fee includes: Green fee and cart, networking opportunities, souvenir picture, awards dinner immediately following the conclusion of play, team prizes, door prizes, as well as prizes for longest drive, closest to the pin and more!

**Early Bird
Registration
Deadline:
June 30, 2010**

Individual \$127
Foursome \$497

1:00 pm
Registration,
Putting Contest
3:00 pm
Shot-gun start
6:30 pm
Networking,
Dinner, Prizes,
Silent Auction

*Lunch available for
purchase*

**Please send form
and payment
(cheque made
payable to PAO):**

PAO Secretariat
c/o Documents Etcetera
200 – 435
St. Laurent Blvd.
Ottawa, ON
K1K 2Z8

Tel:
613-749-5975 x254
Fax:
613-745-8753
Email:
[registrations@
documentsetc.ca](mailto:registrations@documentsetc.ca)

Cancellations:
A \$20 administration
processing fee will be
deducted from the
registration fee.
We cannot provide
refunds after the
deadline for
registrations,
July 30, 2010

Thank you for printing clearly. (We do not share, sell, rent, or trade email lists.)

Name: _____

Company: _____

Address: _____

City: _____ Postal Code: _____

Email address: _____ Phone: _____

Request Vegetarian meal (circle one): Yes or No Please advise us if you have other dietary requirements.

I would like to be a sponsor or donate a gift - please contact me.

Please list other members of your foursome:

Name: _____ Company _____

Email address: _____ Vegetarian: Y or N

Name: _____ Company _____

Email address: _____ Vegetarian: Y or N

Name: _____ Company _____

Email address: _____ Vegetarian: Y or N

Foursome – Payment (please check as appropriate):

I will be paying for my foursome The members of my foursome will be paying individually

Players registering individually will be assigned to a team.

Payment Information:

Total: \$ _____ Cheque _____ MC/Visa _____ I want to pay via PayPal _____ (an invoice will be sent to you)

Card Number: _____ Expiry _____



www.capsottawa.ca



www.salesprosottawa.com



www.ottawacoaches.ca

Register and pay online
www.paottawa.com