



annual golf classic

When: Thursday, September 26, 2019
Where: The Angus Glen Golf Club
Course: North Course
Start Time: 10:30 AM

Registration Form

Contact Information

Name: _____ Company Name: _____
Address: _____ City/Province: _____
Postal Code: _____ Email: _____
Phone: _____

I would like to register for:

- Individual Golf Package _____ X \$ 400 = \$ _____
 Foursome(s) _____ X \$ 1,600 = \$ _____
 Foursome(s) + Hole Sponsorship _____ X \$ 2,000 = \$ _____
 Sponsorship level _____ = \$ _____

Total Amount enclosed: \$ _____

I can't attend but would like to make a donation to support Geneva Centre for Autism

- \$500 \$250 \$100 Other Prize:

Prize/auction Item to be donated:

A tax receipt will be issued for the maximum amount allowable by Revenue Canada

Payment Information

- Visa Mastercard AMEX

Cardholder Name: _____

Card#: _____

Expires: _____

Signature: _____

Cheque (Payable to Geneva Centre for Autism Foundation) - send to address listed below

Foursome Information:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____



Geneva Centre for Autism 112 Merton Street Toronto, ON M4S 2Z8 Telephone: 416-322-7877 ext. 256 Fax 416-322-5894 Email sdouglas@autism.net