



Keeping families close™

**KEEPING FAMILIES CLOSE TOGETHER GOLF
TOURNAMENT**
TO BENEFIT RONALD MCDONALD HOUSE CHARITIES
MONTREAL
JUNE 4TH, 2018 HILLSDALE GOLF CLUB
Honorary chair
Yannick Laviolette
Vice-President Sales, Desjardins Business center



COMPANY INFORMATION

Compagny name : _____
 Adress : _____ City : _____ Province : _____ Postal code : _____
 Phone number : _____ Fax : _____
 Contact person : _____ E-mail : _____

GOLFERS INFORMATION

Person in charge : **1. First name :** _____ **Last name :** _____
 Title : _____ Company : _____

Golf partners : **2. First name :** _____ **Last name :** _____
 Title: _____ Company : _____

Names must be confirmed before May 16th, 2018

3. First name : _____ **Last name :** _____
 Title : _____ Company : _____

4. First name : _____ **Last name :** _____
 Title : _____ Company : _____

REGISTRATION AND TOURNAMENT DETAILS

Monday, June 4th 2018 The ticket price includes : Breakfast, cart, golf and cocktail dinner

<i>GOLF :</i>	<i>SPONSORSHIP :</i>
Ticket: _____ x \$ 550 = \$ _____	Official Presenter : \$ SOLD
Foursome : _____ x \$ 2,200 = \$ _____	Official Sponsor: \$ 10,000 \$ 2 SOLD
Cocktail dinner : _____ x \$ 150 = \$ _____	Cocktail dinner: \$ 9,000 (or 3 of \$ 3,000) \$ SOLD
Money donation : \$ _____	Breakfast : \$ 8,000 (or 3 of \$ 2,000) \$ _____
In-kind donation: \$ _____	Golf Carts : \$ 7,500 (or 3 of \$ 2,500) 1 SOLD \$ _____
Gift : _____ Value : \$ _____	In cup sponsorship (36) : \$ 5,000 \$ _____
(auction/raffles/door prizes)	In cup sponsorship (18) : \$ 2,500 \$ _____
	Flags (36) : \$ 4,000 \$ _____
	Flags (18) : \$ 2,000 \$ _____
	Wine : \$ 3,000 \$ _____
	On-Hole Contest : \$ 2,000 \$ SOLD
	Kiosk : \$ 700 \$ _____
	Hole : _____ x \$ 500 = \$ _____

TOTAL : \$ _____



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PAYMENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Cheque payable to Fondation Des Amis de l'Enfance (Montréal) Inc. | <input type="checkbox"/> Company Visa | <input type="checkbox"/> Company Mastercard |
| | <input type="checkbox"/> Personal Visa | <input type="checkbox"/> Personal Mastercard |

Card number :

____/____/____-____/____/____-____/____/____-____/____/____

Expiry Date : ____/____/____ (month/year)

Signature : _____ Tax receipt issued to : _____

Please send your paiement by cheque or credit card before May 16th, 2018
 To confirm your reservation: **FONDATION DES AMIS DE L'ENFANCE (Montréal) inc.**,
 5800, chemin Hudson, Montréal, H3S 2G5 phone: (514) 731-2871 Fax : (514) 739-8823 Thank you!