



Keeping families close®

KEEPING FAMILIES CLOSE TOGETHER GOLF
TOURNAMENT
TO BENEFIT RONALD MCDONALD HOUSE CHARITIES
MONTREAL
JUNE 3rd, 2019 HILLSDALE GOLF CLUB
Honorary chair
Yannick Laviolette
Vice-President Sales, Desjardins Business center



Registration form

Monday June 3rd 2019 - Hillsdale Golf Club

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 15th, 2019
3. First name : _____ Last name : _____
Title : _____ Company : _____
4. First name : _____ Last name : _____
Title : _____ Company : _____

REGISTRATION AND TOURNAMENT DETAILS

Monday, June 3rd 2019 The ticket price includes : Breakfast, cart, golf and cocktail dinner

GOLF :	SPONSORSHIP :
Ticket: _____ x \$ 550 = \$ _____	Official Presenter : \$ SOLD
Foursome : _____ x \$ 2,200 = \$ _____	Official Sponsor: \$ 10,000 \$ _____
Cocktail dinner : _____ x \$ 150 = \$ _____	Cocktail dinner: \$ 9,000 (or 3 of \$ 3,000) \$ _____
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 \$ _____
	Kiosk : \$ 700 \$ _____
	Hole : _____ x \$ 500 = \$ _____

TOTAL : \$ _____



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PAYMENT

- Cheque payable to Fondation Des Amis de l'Enfance (Montréal) Inc.
- Company Visa
- Company Mastercard
- Personal Mastercard

Card number : _____ Expiry Date : _____/_____ (month/year)

_____/_____/_____-_____/_____/_____-_____/_____/_____-_____/_____/_____/ Security code (3 digits): _____

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!