



## **REGISTRATION:**

NAME/ COMPANY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Number of golfers: \_\_\_\_\_ (If you do not have a foursome, one can be arranged for you)

Name of golfers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of "Dinner Only" guests: \_\_\_\_\_ (Cost per dinner \$60)

Number of Guests with Dietary Restrictions: \_\_\_\_\_ Details: \_\_\_\_\_

## **FORM OF PAYMENT:**

Invoice Requested

☐

Cheque Enclosed:

☐

(Please make all cheques payable to: St. Clair College)

**PLEASE RETURN THIS FORM WITH PAYMENT BY JULY 1, 2025**

**2000 Talbot Rd. West, Box 15, Windsor, Ontario, Canada N9A 6S4**

**Phone: (519) 972- 2727 ext. 4505**

**Email: [tbouchat@stclaircollege.ca](mailto:tbouchat@stclaircollege.ca)**