



REGISTRATION:

NAME/ COMPANY: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

Number of golfers: _____ (\$250 per golfer)
(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 JUNE 30TH, 2026.

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