

UDI - Calgary 24th Annual Golf Tournament
Heritage Pointe Golf Course
July 16, 2009



- 7:30 a.m. Breakfast and Registration
- 8:30 a.m. Shotgun Start/Golf Academy Start
- 2:30 p.m. Banquet

MEMBERS ONLY EVENT

Registration Begins June 16, 2009 at 8 am

A maximum of 8 golfers per company are allowed, including invited Municipal guests. Team registration is allowed. Teams are an additional \$250.00 plus GST; Half Teams are an additional \$125.00 plus GST; teams with invited Municipal Guests, have no additional cost for team play applied.

Return your form by fax: 531-6252, email: info@udicalgary.com or
in person at 360, 999 8th Street SW

**HERITAGE
POINTE**

Carma
Passion | Integrity | Community


**Habitat
for Humanity**
Calgary



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Registration Form

Company Name: _____
 Contact Name: _____
 Email: _____
 Phone: _____
 Fax: _____

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Golf Tournament Play - \$275 + GST

*Team Play
(Circle one)*

For team play, please check the applicable box

Name/Guest: _____ Av. Score: _____ Team: A or B
 Name/Guest: _____ Av. Score: _____ Team: A or B
 Name/Guest: _____ Av. Score: _____ Team: A or B
 Name/Guest: _____ Av. Score: _____ Team: A or B
 Name/Guest: _____ Av. Score: _____ Team: A or B
 Name/Guest: _____ Av. Score: _____ Team: A or B
 Name/Guest: _____ Av. Score: _____ Team: A or B
 Name/Guest: _____ Av. Score: _____ Team: A or B

4 Player Team
 2 Player Team

Banquet Only - \$65 + GST

Name: _____
 Name: _____

Golf Academy Play - \$250 + GST

(Circle one)

Name: _____ Beginner / Intermediate / Advanced
 Name: _____ Beginner / Intermediate / Advanced
 Name: _____ Beginner / Intermediate / Advanced

Golfers will not be registered until payment is received on a "first come, first served" basis. Confirmation will be sent by email with your receipt.

Payment Information

Total Tournament Registrations: _____ x \$288.75 = _____
 Total Academy Registrations: _____ x \$262.50 = _____
 Banquet Only Registrations: _____ x \$ 68.25 = _____
 Team Play (4): _____ x \$262.50 = _____
 Team Play (2): _____ x \$131.25 = _____

Credit Card #: _____
 Exp. Date: _____
 Name on Credit Card: _____
 Signature: _____

Total Fees: _____

NO REFUNDS