



The Sanford McFarlane Family Foundation
Invitational Tournament | June 20, 2014

Name: _____

Address (Line 1): _____

Address (Line 2): _____

Email: _____

Players: 1. _____ 3. _____

2. _____ 4. _____

Registration Fees:

Number of Individuals _____

Golf and Dinner _____ at \$275 each = \$ _____

Dinner Only [no receipt] _____ at \$90 \$ _____

Donation amount [optional] \$ _____

Total \$ _____

Cheque enclosed payable to The Sanford McFarlane Family Foundation

Credit Card: Visa M/C Name on Card: _____

Card Number: _____ Expiry: _____

A tax receipt will be issued for a portion of the fee | Charitable Registration No. 84365 3155 RR0001

Click here to register through



ENABLING OTHERS TO ACHIEVE

385 Sunset Blvd., P.O. Box 538
Thornbury, Ontario
N0H 2P0

info@SMFFoundation.com
www.smffoundation.com

P 519.599.2668
F 519.599.3735