

# Registration Form

Boundary Trails Health Centre Foundation

**19<sup>th</sup> Annual Golf Tournament**

**Thursday - August 15, 2019**

**Winkler Golf Club, Winkler MB**



Registration begins at 10:30 am

Light lunch provided at 11:00 am ~ Shotgun Start at 12:00 pm Sharp!

Dinner, program and prizes begin at 6:00 pm

**\*Please provide Names of each player on the team by August 1, 2019\***



Golfer 1 Name: \_\_\_\_\_

**PLEASE SELECT ONE**

Golfer 2 Name: \_\_\_\_\_

HOLE SPONSOR FEE  
\$1500

Golfer 3 Name: \_\_\_\_\_

TEAM/INDIVIDUAL  
\$175ea or  
\$700 Combined

Golfer 4 Name: \_\_\_\_\_

**Hole Sponsor Name (for signage):**

\_\_\_\_\_

Team Contact Name: \_\_\_\_\_

Phone Number or Email: \_\_\_\_\_

We accept payment by

Cash, Cheque or:



Please make Cheques payable to  
BTHC Foundation

**Email or Mail your Registration to:**

**Email: [office@bthcfoundation.com](mailto:office@bthcfoundation.com)**

**BTHC Foundation**

**PO Box 2000 Station Main Winkler MB R6W 1H8**

**Ph: 204-331-8808**

*Thank you for your support!*

**Tax receipts issued after the tournament**