

JOIN US FOR A DAY ON THE LINKS!



Canadian Association of Movers' 21st Annual Golf Tournament



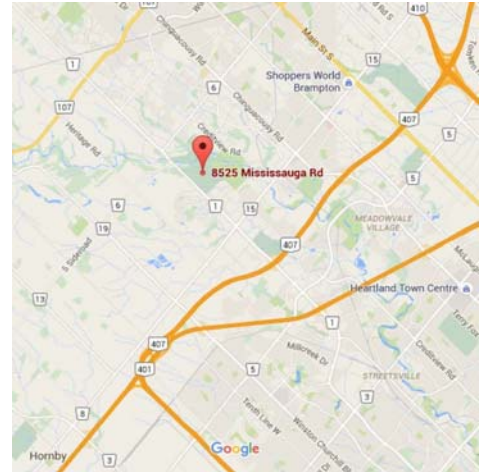
When: Monday, September 18, 2017

Registration & Lunch: 11:30 am ~ Shotgun 1:30 pm ~ Buffet Dinner 6:00 pm

Where: Lionhead Golf Club

8525 Mississauga Road, Brampton, ON L6Y 0C1

- Sharpen your skills
- Meet fellow movers
- Win a prize
- Promote your company
- Bring guests/clients
- Test your game
- Connect with suppliers
- Enjoy delicious food



We're returning to Lionhead Golf Club - a course that will excite every level of golfer. We'll be playing their Masters course which is a traditional design harmonizing with the natural surroundings of forest & rolling hills. A solid mixture of over 100 well-placed bunkers, nine ponds & two rivers make each hole distinctive & an unforgettable experience. Enjoy a pre-game snack & a great dinner after your round. Register a group or come alone & we'll match you with your colleagues. Market your company's products & services by sponsoring.

REGISTRATION FEES

I want to register for:

- Golf & dinner: \$200 x ____ = \$_____ (includes green fee, golf cart, pre-game lunch & beverage voucher & buffet dinner)
- Dinner only: \$70 x ____ = \$_____

All prices include HST. Please let us know if you have any dietary restrictions.

SPONSORSHIP OPPORTUNITIES

Sign up my company for:

- Hole sponsorship: \$200
- Competition sponsorship: \$200 (Please bring an appropriate prize)

MAIL: Send this form & payment to: Canadian Association of Movers, PO Box 26004, RPO Churchill, Mississauga, ON L5L 5W7
PHONE: 905-848-6579 or 1-866-860-0065 **EMAIL:** cam_national@mover.net **FAX:** 905-756-1115

Players: Form your own twosome, threesome or foursome; singles will be grouped into a foursome.

SIGN US UP! We'll golf together. We'll golf separately.

Name: _____ Company: _____

Phone: _____ Email: _____

PLEASE ADD: name, company (if it's different from yours) & preferred golf shirt size (Men S-5XL & Women XS-3XL).

Cart 1	1.	Size	Cart 2	3.	Size
	2.	Size		4.	Size

For payment by credit card:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Total Amount:
Card No:	Expiry date (mm-yy):
Cardholder's name:	Cardholder's signature: