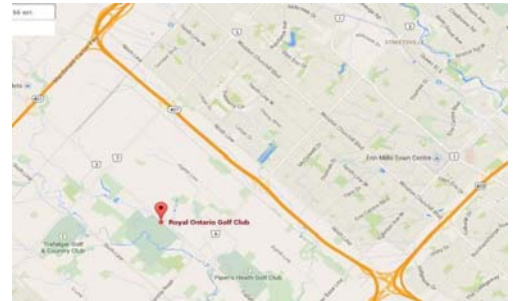




# Join us at CAM's 19<sup>th</sup> Annual Golf Tournament ~ Monday, September 14, 2015 ~

Registration: 11:00 am ~ Shotgun 1:00 pm ~ Dinner 6:00 pm  
Royal Ontario Golf Club, 6378 Trafalgar Rd., Hornby (Milton), ON

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



**Join us at a new course!** ROGC is a beautiful 18-hole course that's on an old equestrian centre and that has a dramatic hilly terrain, dotted with wetlands in lower lying areas of the Sixteen Mile Creek river basin. Each hole features a unique challenge that will test your game. Enjoy a pre-game snack and a great dinner. Register a group - or come alone and we'll match you with your colleagues. Market your company's products and services by sponsoring.

<p><b>REGISTRATION FEES</b></p> <p>I want to register for:</p> <p><input type="checkbox"/> Golf &amp; dinner: \$180 x ____ = \$_____</p> <p>(includes. green fee, golf cart, pre-game lunch &amp; beverage voucher &amp; buffet dinner)</p> <p><input type="checkbox"/> Dinner only: \$60 x ____ = \$_____</p>	<p><b>SPONSORSHIP OPPORTUNITIES</b></p> <p>Sign up my company for:</p> <p><input type="checkbox"/> Hole sponsorship: \$175</p> <p><input type="checkbox"/> Competition sponsorship: \$175 (Please bring an appropriate prize)</p>
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Please let us know if you have any dietary restrictions. All prices include HST.

**MAIL:** Send this form and 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: \_\_\_\_\_

(Name and please add company if it's different from yours.)

<b>Cart 1</b>	1.	<b>Cart 2</b>	3.
	2.		4.

**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: