



Please print clearly.

Date _____

**The 16th Annual Gary Greig Golf Classic Tournament:
Sunday, June 11th, 2017
Brookfield Golf Club
3700 Beaverdale Rd. Cambridge, Ontario
www.golfbrookfield.ca**

Name: _____

Address: _____

Municipality _____ Prov. _____ Postal Code _____

Telephone (____) _____ Email _____

Please note the following:

Registration cost is \$75.00 each which includes Green Fees, power cart and lunch.

Tee Off Time: Starting at 9:00AM

Dress Code in effect: No jeans, shirts must have collars (no T-shirts, tank tops or halter tops!), dress shorts with zippers only, soft spikes only please.

Please note: **The bus will leave the Convention Centre at 8:00 am sharp.**

**Are you part of a foursome? If so please include the names:
(if different than above)**

**Payment Enclosed
(Yes/No)**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Only 1 player? Don't worry, we will place you in a foursome!

Enclosed is payment for: #of players _____ at \$75.00 each = _____

Payment Type: Cheque (Payable to OPIASO) Visa MasterCard Discover

Name on Card: _____ Card Number: _____

Expiry Date: ____ / ____ CVD # _____ Signature: _____

Send Registration to: **Golf Registration 2017 AMES c/o Rick Butt, OPIASO Golf Chair
210 Elmira Rd. S. Guelph, ON N1K 1P7
or email to rbutt@viqua.com**