

# La Salle Insurance & Travel Ltd. Annual Charity Golf Tournament

## TEAM REGISTRATION

### EVENT DETAILS:

Date: **Wednesday, July 29, 2020**  
Location: **Kingswood Golf & Country Club**  
La Salle, MB  
Program: **10:00 AM – Registration**  
**11:00 AM – Shot Gun Start**  
**5:30 PM – Dinner & Prizes**  
Registration Fee: **\$200/golfer**  
Team of 4 = \$800.00

*The \$200 registration fee includes your green fees, cart rental, lunch, refreshments, dinner & prizes.*

***QUESTIONS? CONCERNS?***  
*Contact Justin – 204.489.2679*

### GOLFER REGISTRATION DETAILS

<b>Golfer #1</b> Name: _____	Phone Number: _____
Address: _____	Email: _____
Please <input checked="" type="checkbox"/> your payment method: <input type="checkbox"/> Cheque	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (Visa/MasterCard)
<b>Golfer #2</b> Name: _____	Phone Number: _____
Address: _____	Email: _____
Please <input checked="" type="checkbox"/> your payment method: <input type="checkbox"/> Cheque	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (Visa/MasterCard)
<b>Golfer #3</b> Name: _____	Phone Number: _____
Address: _____	Email: _____
Please <input checked="" type="checkbox"/> your payment method: <input type="checkbox"/> Cheque	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (Visa/MasterCard)
<b>Golfer #4</b> Name: _____	Phone Number: _____
Address: _____	Email: _____
Please <input checked="" type="checkbox"/> your payment method: <input type="checkbox"/> Cheque	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (Visa/MasterCard)

### PAYMENT DETAILS *(cheques payable to Movement Centre of Manitoba)*

Name: _____	Card #: _____
Expiry: _____ Amt: \$ _____	Signature: _____
Name: _____	Card #: _____
Expiry: _____ Amt: \$ _____	Signature: _____
Name: _____	Card #: _____
Expiry: _____ Amt: \$ _____	Signature: _____
Name: _____	Card #: _____
Expiry: _____ Amt: \$ _____	Signature: _____

*If you prefer to provide credit card information over phone, please contact Justin at 204.489.2679*

**Mail or email this registration form before THURS - JULY 9<sup>th</sup>, 2020 to:**

Movement Centre of Manitoba Inc.

1646 Henderson Hwy

Winnipeg, MB R2G 1N7

Phone: 204-489-2679 | [justin@movementcentre.ca](mailto:justin@movementcentre.ca)