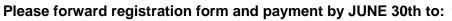


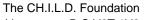


GOLF FOR Child Morgan Creek Golf Course September 29th, 2014

CONTACT INFORMATION
Company Name (if applicable):

PLAYERS:			
Player #1:			
Player #3:			
CONTACT ADDRESS:			
Street Address:			
		Province:	
Postal Code:	Telephone:		
Fax:	E-mail:		
PAYMENT: Cheque	to CH.I.L.D. Foundation	☐ Please Invoice	
Exact Name on Card:			
Credit Card #:		Expiry:	





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