



DR. JAY GOLF CLASSIC 2010

Registration Form
Angus Glen Golf Club
Monday, June 14, 2010



To register by fax complete form and fax to:
Frank MacGrath at 905-726-4068

OR

Register online at www.drjayfoundation.com

All registrations must be accompanied by payment to be considered complete

Fees:

Individual : \$475 Foursome: \$1900

GOLFER #1

Name: _____

Company: _____

Address: _____

City / PC: _____

Phone: _____

E-mail: _____

Payment Method: VISA AMEX CHEQUE

Credit Card #: _____

Expiry Date: _____

Amount: _____

Golf: Left Right

GOLFER #2

Name: _____

Company: _____

Address: _____

City / PC: _____

Phone: _____

E-mail: _____

Payment Method: VISA AMEX CHEQUE

Credit Card #: _____

Expiry Date: _____

Amount: _____

Golf: Left Right

GOLFER #3

Name: _____

Company: _____

Address: _____

City / PC: _____

Phone: _____

E-mail: _____

Payment Method: VISA AMEX CHEQUE

Credit Card #: _____

Expiry Date: _____

Amount: _____

Golf: Left Right

GOLFER #4

Name: _____

Company: _____

Address: _____

City / PC: _____

Phone: _____

E-mail: _____

Payment Method: VISA AMEX CHEQUE

Credit Card #: _____

Expiry Date: _____

Amount: _____

Golf: Left Right

Please make cheques payable to The Dr. Jay Golf Classic and mail to: 43 Lensmith Drive, Aurora, Ontario L4G 6S1
For further information please contact Frank MacGrath at 905-726-4488 or fmacgrath@gtigolf.com