



# DR. JAY GOLF CLASSIC 2011

Registration Form  
Angus Glen Golf Club  
Monday, June 13, 2011



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

OR

Register online at [www.drjayfoundation.com](http://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](mailto:fmacgrath@gtigolf.com)