



DR. JAY GOLF CLASSIC 2008

Registration Form

Lionhead Golf & Country Club

Monday, June 16, 2008



To register by fax complete form and fax to:
Aaron Bacher at 416-490-8236

or

GO TO

☺ www.drjayfoundation.com ☺

to register on line

FEES:

Individual: \$475
Foursome: \$1900

GOLFER #1

Name _____

Company _____

Address _____

City/PC _____

Phone _____ Fax _____

E-mail _____

VISA or AMEX
or CHEQUE _____
Credit Card # _____

Expiry Date _____

Amount _____

Sizes _____
Shoe Shirt Golf – L/R

GOLFER #3

Name _____

Company _____

Address _____

City/PC _____

Phone _____ Fax _____

E-mail _____

VISA or AMEX
or CHEQUE _____
Credit Card # _____

Expiry Date _____

Amount _____

Sizes _____
Shoe Shirt Golf – L/R

GOLFER #2

Name _____

Company _____

Address _____

City/PC _____

Phone _____ Fax _____

E-mail _____

VISA or AMEX
or CHEQUE _____
Credit Card # _____

Expiry Date _____

Amount _____

Sizes _____
Shoe Shirt Golf – L/R

GOLFER #4

Name _____

Company _____

Address _____

City/PC _____

Phone _____ Fax _____

E-mail _____

VISA or AMEX
or CHEQUE _____
Credit Card # _____

Expiry Date _____

Amount _____

Sizes _____
Shoe Shirt Golf – L/R

**Please make cheques payable to The Dr. Jay Golf Classic
and mail to: 27 Lynch Road, North York, ON. M2J 2V6**