THE OAKRIDGE PUB

with proceeds benefiting

PORT PERRY HOSPITAL Foundation

1st Annual Charity

9 Hole Golf Tournament

REGISTRATION FORM

Saturday, August 24, 2024 • Golfer's Dream • 1000 Scugog Line 2, Port Perry, ON L9L 1B3

Player 1

Name: _____

Phone: _____

Email: _____

Player 2

Name: _____

Phone: _____

Email: _____

Player 3

Name: _____

Phone: _____

Email: _____

Player 4

Name: _____

Phone: _____

Email: _____

Phone number and email required for prize draw notification.

PAYMENT INFORMATION

☐ **Team of Two:** $120 = $ 240.00
(Twosomes may be matched with another twosome)

☐ **Team of Four:** $480 = $ 480.00

Received by: _____

Cash Payment and Registration Form can be dropped off at The Oakridge Pub.

E-transfer payment **preferred** sent to oakridgepubgolf@gmail.com
Registration form emailed to: oakridgepubgolf@gmail.com

NO REFUNDS .... Substitution for listed players is allowed providing notification has been given.
PAYMENT MUST BE RECEIVED IN FULL TO SECURE YOUR SPOT. LIMITED TO THE FIRST 72 GOLFERS.

If you have any questions, please contact oakridgepubgolf@gmail.com