



Bridging Research, Awareness & Innovation
With Advocacy, Education & Support

Please provide names and contact information for golfers to Shauna Beaudoin at sbeaudoin@hydrocephalus.ca.

GOLFER NAMES:

1. _____
2. _____
3. _____
4. _____

GOLFER'S EMAIL/PHONE:

1. _____
2. _____
3. _____
4. _____

Golfer Registration Fee: \$175 per golfer or \$700 per foursome

PAYMENT OPTIONS

Enclosed is a cheque payable to Hydrocephalus Canada

Payment by:

Visa

Amex

Master Card

Card No. _____ Expiry Date: _____

Name on Card _____ Signature: _____

TOTAL PAYMENT _____

Send form by: Fax: (416) 214-1446

Email: sbeaudoin@hydrocephalus.ca

Or mail cheque to:

Hydrocephalus Canada
16 Four Seasons Place
Suite 111, Toronto, Ontario, M9B 6E5

If you have any questions, please contact me at 416-214-1056 ext. 231. THANK YOU!