

# Registration Form

**Contact Information: (please print clearly)**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Registration Fees: \$125.00**

Name you would like on the charitable receipt:

\_\_\_\_\_

Names of Golfers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment:

- Our payment has been sent already
- Our payment is enclosed
- Our payment is on the way
- Amount \$\_\_\_\_\_, Cheque # \_\_\_\_\_

\*Please make cheques payable to **Canadian Mental Health Association – ECR** and return to address below:

**Canadian Mental Health Association – ECR 4711 51 Avenue, Camrose AB T0B 3V4**

**Questions or comments? Call 780-672-2570 or email [jennifer.pilot@cmhacamrose.ca](mailto:jennifer.pilot@cmhacamrose.ca)**