

Presented by:
Diamond Athletic Medical Supplies Inc.

Registration & Donation Form
Please complete for all golfers below.

1 _____
Name (1st player) _____
Company _____
Address _____
Phone _____
Email: _____

2 _____
Name (2nd player) _____
Company _____
Address _____
Phone _____
Email: _____

3 _____
Name (3rd player) _____
Company _____
Address _____
Phone _____
Email: _____

4 _____
Name (4th player) _____
Company _____
Address _____
Phone _____
Email: _____

Payment Information:

Sponsor Category Amount \$ _____ Donation Amount \$ _____

Cheque MasterCard Visa Amex Card Holder Name _____

/

Credit Card Number

Expiry Date

***Please make all cheques payable to Pan Am Clinic Foundation Attention: Kelly McMullan**
75 Poseidon Bay, Winnipeg, MB R3M 3E4 (204) 232-8271