

Lloydminster Chamber of Commerce Annual Golf Tournament

Title Sponsor: Tim Dyck Financial-Chambers Group Insurance



Chambers of Commerce
Group Insurance Plan®

Lloydminster Golf and Curling Centre Texas Scramble

Tuesday, May 29, 2012

8:00am Registration,
Champagne Start sponsored by Chatters
Hot breakfast sponsored by Cliff Rose
for Clothes and JDG Construction

9:00am sharp *Shot Gun Start*

_____ Golf & BBQ \$120.00 + GST (Earlybird- By May 7)

_____ Golf & BBQ \$140.00 + GST (After May 7)

_____ Barbeque Only \$20.00 + GST

****Invoicing for Chamber Members Only**

PRIZES, PRIZES, PRIZES!!

Featuring: Prizes, team and individual draws, and the popular
Marshmallow Drive!



Great promotion for your business!

(Includes recognition at dinner)



YES, I am able to donate a prize.

I will provide: _____

YES, I am able to provide \$_____ for the purchase of a prize on my behalf

Business Name: _____

Phone: _____

Please deliver prizes to the Chamber office by

Friday May 18

<input type="checkbox"/> Team Entry <input type="checkbox"/> Partial Team Entry <input type="checkbox"/> Single Entry
If you don't know your average score, please state "beginner" or "average", etc.
Business Name _____ Player 1 Name _____ Mailing Address _____ City _____ PC _____ Phone: _____ 18 hole avg. score: _____ Email _____ <input type="checkbox"/> Invoice me <input type="checkbox"/> Cheque enclosed Credit Card # _____ Amt. \$ _____ Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiry ____/____ Signature: _____
Business Name _____ Player 2 Name _____ Mailing Address _____ City _____ PC _____ Phone: _____ 18 hole avg. score: _____ Email _____ <input type="checkbox"/> Invoice me <input type="checkbox"/> Cheque enclosed Credit Card # _____ Amt. \$ _____ Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiry ____/____ Signature: _____
Business Name _____ Player 3 Name _____ Mailing Address _____ City _____ PC _____ Phone: _____ 18 hole avg. score: _____ Email _____ <input type="checkbox"/> Invoice me <input type="checkbox"/> Cheque enclosed Credit Card # _____ Amt. \$ _____ Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiry ____/____ Signature: _____
Business Name _____ Player 4 Name _____ Mailing Address _____ City _____ PC _____ Phone: _____ 18 hole avg. score: _____ Email _____ <input type="checkbox"/> Invoice me <input type="checkbox"/> Cheque enclosed Credit Card # _____ Amt. \$ _____ Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiry ____/____ Signature: _____

Fax to: 780 875 0755



Lloydminster
CHAMBER OF COMMERCE

Achieve Results. A Stronger Voice.