



THE CATHOLIC PARISH OF CORPUS CHRISTI
8TH ANNUAL GOLF TOURNAMENT

DEVON GOLF
& CONFERENCE CENTRE
SATURDAY, AUGUST 10 2024

PLAYER REGISTRATION 8:00 AM REGISTRATION / 9:00 AM SHOTGUN START

PLAYER/TEAM INFORMATION

Name	Payment Included	Cell Phone #	Email Address
1.	<input type="checkbox"/>		
2.	<input type="checkbox"/>		
3.	<input type="checkbox"/>		
4.	<input type="checkbox"/>		

If you don't yet have a team:

I would like to play with (names of golfers): _____

Please have the Golf Committee assign me to a team.

GOLF FEES (\$150/PERSON)

Please indicate method of payment:

Cash **Cheque**, payable to The Catholic Parish of Corpus Christi

e-Transfer, sent to CorpusChristi.Edm@caedm.ca

Visa* **MasterCard*** **If paying by credit card, please contact Deacon Gem Mella or Ingrid van Dolder-Frigon, providing your card number, expiry date, and 3 digit security number.*

Amount Paid \$ _____

Date Paid _____, 2024

In the table above, please check (☑) to indicate whose fees are included in this payment.

ADDITIONAL INFORMATION

Please provide any dietary needs/allergies here, or anything else you would like us to note.
