



## REGISTRATION FORM

### CONTACT

JUDY GRANT  
 EVENT ADMINISTRATOR  
 PERFORMANCE GOLF INC.  
 JGRANT@DIRECTFOCUS.COM  
 c/o 315 PACIFIC AVENUE  
 WINNIPEG, MANITOBA R3A 0M2  
 TEL: 204-947-6912 EXT 275  
 CELL: 204-471-7578  
 FAX: 1-888-554-5043

### SPONSORSHIP OPTIONS

- |   |             |
|---|-------------|
| <input type="checkbox"/> PLATINUM (includes 8 golfers)        | \$15,000.00 |
| <input type="checkbox"/> GOLD (includes 4 golfers)            | \$10,000.00 |
| <input type="checkbox"/> SPECIALTY HOLE (includes 2 golfers)  | \$7,500.00  |
| <input type="checkbox"/> PUTTING CONTEST (includes 2 golfers) | \$5,000.00  |
| <input type="checkbox"/> GOLF CARTS (includes 2 golfers)      | \$5,000.00  |
| <input type="checkbox"/> LUNCH SPONSOR (includes 2 golfers)   | \$5,000.00  |
| <input type="checkbox"/> HOLE SPONSOR (includes 1 golfer)     | \$3,500.00  |

### GOLF REGISTRATIONS

Number of registrations: \_\_\_\_\_ @ \$750.00 per golfer = \$ \_\_\_\_\_

### CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ P/C \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Names of All Golfers Registered (including those as part of the sponsor package)

1. \_\_\_\_\_ 2. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

### METHOD OF PAYMENT

- Visa       M/C       Cheque       Money Order

Name on Card: \_\_\_\_\_  Receipt Required

Card # \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

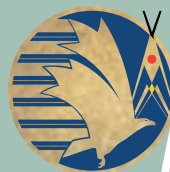
**NOTE – All payments must be made in Canadian Funds.**

Please make cheque payable to:

TCIG Charitable Foundation and send payment to Performance Golf,

Att: Judy Grant, 315 Pacific Avenue, Winnipeg, MB, R3A 0M2

IN SUPPORT OF:



TCIG  
 Charitable  
 Foundation