



LFFF Golf Registration Form

Registrant Information

Last Name	First Name	Company/Firm	
Address	City	Province	Postal Code
Business #	Fax	Email	

Dietary Preference: None Vegetarian Vegan Food Allergies: _____

Golf Information

Please list the name of the registered players you wish to be paired with. We will do our best to accommodate this request. Each person is responsible for submitting his or her own registration form and fee.

Name	Company/Firm
Name	Company/Firm
Name	Company/Firm

OR

Please match me with other players. My rating is: Beginner Average Better than Average "Mike Weir"

Golf Registration Fee and Transportation

This registration only applies to the Golf Tournament. To register for the CBA/CCCA annual conference, please contact the CBA National Office Meetings Department at 1.800.267.8860, Ottawa, Ontario.

Player Registration \$250 (plus HST) x _____ (# tickets) = _____ (Total amount due)

I will need transportation to the Golf Club _____ I will not need transportation _____

Rental Clubs (limited number)

I would like to reserve _____ (#sets) of **right-handed TaylorMade** clubs (based on availability) to be paid at the Golf course (\$36 + tax)

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Method of Payment (tick and fill in)

_____ Cheque Enclosed (payable and mailed to CBA) Credit Card VISA _____ M/C _____ AMEX _____

Card Number	Expiry Date
Cardholder's Signature	Name of Cardholder

Cancellation Policy: *There will be a 25% administration charge on any cancellation received at the CBA National Office up to and including July 30, 2010. All cancellations must be in writing. There will be no refund paid if notification received after July 30, 2010.*

Please mail or fax this form to complete your registration. Mail to CBA, 865 Carling Avenue, Suite 500, Ottawa, Ontario, K1S 5S8, Attn: Monique Nowakowski. **Fax to 613-237-3726.**