



30th Annual SARI Golf Tournament

JUNE 22, 2017

REGISTRATION FORM

Name: _____

Address: _____

Phone: _____

Email: _____

PLEASE REGISTER ME AS FOLLOWS:

Green fees, Lunch & Dinner: \$250 each X _____ people

Dinner only: \$60 X _____ people

TAX RECEIPT OF APPROX. \$85 PER REGISTRATION!

Payment Options:

Cheque - Payable to SARI Therapeutic Riding;

12659 Medway Rd., Arva, ON N0M 1C0

Credit Card: Account # _____

Expiry Date _____

By phone: 519-666-1123

E-mail: Golf@sari.ca

Total Amount \$ _____

Your reservation is confirmed with payment.

Please forward your registration and payment by

May 20, 2017

Please place me in a foursome

OR

Register me with the following golfer(s):

(2) Name: _____

Address: _____

Phone: _____

Email: _____

(3) Name: _____

Address: _____

Phone: _____

Email: _____

(4) Name: _____

Address: _____

Phone: _____

Email: _____



WEBSITE www.sari.ca

PHONE 519-666-1123

FAX 519-666-1971

MAIL SARI Golf Tournament
12659 Medway Road
Arva, Ontario N0M 1C0