

LACOMBE HOSPITAL CHARITY GOLF CLASSIC

Golfer Registration Form

June 11, 2025 at the Lacombe Golf & Country Club

YES I WANT TO PARTICIPATE!

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CANCELLATION POLICY

Written notice is required for all cancellations, and in the charitable spirit of this event no refunds will be given after June 1. Substitutions will be accepted up to one day prior to the tournament.

REGISTERING AS AN INDIVIDUAL?

List your preferred golfing partner(s):

FEE SUMMARY

- GOLF REGISTRATION FEE \$
___ X \$150.00 per golfer Early Bird before May 15
___ X \$175.00 per golfer after May 15
___ X golfer included with sponsorship
- EXTRA BANQUET TICKETS \$
___ X \$40.00 for non-golfers
- CHARITABLE DONATION: \$
Eligible for tax receipt
- TOTAL AMOUNT PAYABLE \$

PAYMENT DETAILS

- CHEQUE
Made payable to the **Lacombe Health Trust**
- MASTER CARD / VISA
You must complete the online registration form in order to pay by Visa or Master Card

REGISTER ONLINE

www.lacombehealthtrust.com/golf

OR by Email golf@lacombehealthtrust.com

OR by Phone 403-318-4095

OR by Mail

Lacombe Health Trust
PO Box 5663
Lacombe, AB T4L 1X3



The Lacombe Health Trust may use information, photographs and video regarding your participation for website and social media features, printed donor reports and newsletters, and other additional marketing materials.