

## Waldorf Founders' Cup Golf Tournament

## **HWS Registration Form**

Name:			
Address:	City:		
Postal Code:	Vegetarian Din	Vegetarian Dinner (Y/N)? [ ]	
Phone Number:	Food Allgeries:		
E-mail:			
Name	<b>Affiliation</b> (eg. Parent, friend)	<b>Golf Skill Level</b> : Beginner, Intermediate, Advanced or Dinner Only	
1			
2			
3			
4			
	Indicate Dinner only in the Golf Skill Level if you are not playing golf		
Payment:			
[ ] \$150 for a Single Ticket	[ ] \$300 for a Couple	[ ] \$75 Golf Only	
[ ] \$600 Foursome Registering Together		,	
	For Waldorf Students/A	Alumni	
= \$ Total			
Method of Payment: Cheque payable to Ha	lton Waldorf School ( ); Cash (	); Visa ( ); MasterCard ( )	
Card Number:	Expiry Date (MM/YY): /		
Cardholder Name:			
Cardholder Signature:			
Registration Deadline Please return the form and payn or email to: recep		to 905.331.3231;	