



July 6, 2019

Registration 9:30 am

11:00 am Shotgun Start

*Golfing in support of
Mental Wellness*

\$175 Individual/\$700 Team Registration

- *18 holes of golf at beautiful Ridge at Manitou with power cart
- *Entertainment out on the course
- * Tournament shirt – (Circle Size Below for each player)
- *Prizes after dinner
- *Lunch included with cart (Circle Choice Below for each player)
- *Closest to the pin & most accurate drive prizes
- *Gourmet dinner
- *Silent Auction (Contributions welcomed)

Featuring: Two Hole In One's \$10,000 each – Sponsored by The Cooperator's

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<p>Team Captain: _____</p> <p>Shirt size: S M L XL XXL</p> <p>Sandwich choice: Ham Roast Beef Turkey Veggie</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Player 2: _____</p> <p>Shirt size: S M L XL XXL</p> <p>Sandwich: Ham Roast Beef Turkey Veggie</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
<p>Player 3: _____</p> <p>Shirt size: S M L XL XXL</p> <p>Sandwich choice: Ham Roast Beef Turkey Veggie</p> <p>Address: _____</p> <p>City: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Player 4: _____</p> <p>Shirt size: S M L XL XXL</p> <p>Sandwich: Ham Roast Beef Turkey Veggie</p> <p>Address: _____</p> <p>City: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

If you do not have a team please fill out above information and check here
Confirmation of team deadline is April 1st. Deadline for money is June 14, 2018.
Prizes and Donations gratefully appreciated and accepted for Silent Auction



Canadian Mental Health Association
Muskoka - Parry Sound

Addictions and Mental Health Services

Payment Method

Please charge my credit card

We accept:



Credit card of choice: _____ Amount: _____

Cardholders Name (Please Print): _____

Card #: _____ Expiry: ____ / ____ CCV: _____

Cardholder's Signature (required): _____ Date: _____

My cheque is enclosed (payable to CMHAMPS)

Please send completed form along with payment to:

CMHAMPS
173 Manitoba Street
Suite 202
Bracebridge, ON P1L 1S3
Or
Fax: 705-645-7473

Dietary Requirements/Allergies: _____

Jackie Vincent - jvincent@cmhamps.ca
Laila Roffey - laila.Roffey@cooperators.ca
Gord Booth - gordbooth1@gmail.com

Mike Lynch - bulldogreta@gmail.com
Anthony Pietramala - ap4@rogers.com
Dave Gibson - dgibby0671@gmail.com