



ABC 2019 Companions' Checklist



Name:		Company:		
Email:		Please indicate any dietary requests:		
DATE & TIME	ACTIVITY	PER PERSON	✓	\$
Please indicate which events you will attend:				
SUNDAY, JUNE 16, 2019				
8:00 am (first tee off)	OPTIONAL: Early Bird Stroke Play: Links at Crowbush Cove (40 spots reserved)	\$115		
Do you require club rentals: Crowbush Cove Golf Club? <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed		\$52		
10:00 am - 4:00 pm	OPTIONAL: Lighthouse & Winery Tour (Includes Lunch)	\$120		
12:00 pm - 4:00 pm	OPTIONAL: Cycling Tour (max 20)	\$138		
6:15 pm - 10:00 pm	Welcome to PEI Reception & Dinner	Included		
MONDAY, JUNE 17, 2019				
6:00 am - 6:45 am	Morning Wake Up Jog/Walk/Yoga	Included		
7:30 am - 8:30 am	Combined Delegates' & Companions' Breakfast with Speaker: Dennis King	Included		
9:00 am - 11:30 am	Companions Tour: City Tour	Included		
12:30 pm - 5:30 pm	OPTIONAL: 8 th Annual Ed Hardison Memorial Golf Tournament (Delegates & Companions) at Fox Meadow Golf Course (80 spots reserved)	\$100		
Do you require club rentals: Fox Meadow Golf Course? <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed		\$28		
12:30 pm - 5:00 pm	OPTIONAL: Deep Sea Fishing (max 20)	\$155		
12:30 pm - 4:30 pm	OPTIONAL: Sea Kayaking (max 20)	\$140		
7:00 pm - 10:30 pm	Fun Night Reception and Dinner – Kitchen Party and Lobster Feast	Included		
TUESDAY, JUNE 18, 2019				
6:30 am - 7:15 am	Morning Wake Up Jog/Walk/Yoga	Included		
7:45 am - 9:15 am	Combined Delegates' & Companions' Breakfast with Speaker: Heather Moyse	Included		
9:30 am - 10:15 am	87 th Annual General Meeting	Included		
10:45 am - 12:15 pm	Keynote Speaker: Dr. Nick Bontis	Included		
12:30 pm - 4:00 pm	OPTIONAL: Taste of New Glasgow (Includes Lunch) (max 60)	\$105		
6:00 pm - 11:00 pm	Chairman's Reception & Banquet	Included		
PAYMENT METHOD		\$		
<input type="checkbox"/> CHEQUE <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA		Plus 15% HST		\$
		GST/HST# 106861669 RT0001 TOTAL PAYMENT		\$
Card Number:		Expiry Date: /		CVV#
Card Holder Name:		Signature:		
PLEASE RETURN TO GEETA PERSAUD				
Email: g.persaud@ciph.com Fax: 416-695-0450				