



CIPH BC REGION

Annual Golf Tournament and AGM!

SURREY GOLF COURSE

WHEN:	Monday, May 13th, 2019	
TIMELINE:	Golf Tournament	1 st tee off is just after 11:00 a.m.
		Groups will tee-off in 8 minute increments
	No Host Reception	5:00 p.m.
	Dinner, AGM & Prizes	5:30 p.m.
WHERE:	Surrey Golf Course	7700 168 th Street, Surrey, BC
	Pro Shop	(604) 576.8224 (please call to book your golf cart)

	FEES:	FULL COURSE REGISTRATION
		Golf & Buffet Dinner \$130.00 (fee includes prize)
		Golf Only \$ 75.00
		Dinner Only \$ 60.00
		WILLOWS NINE REGISTRATION (9 hole course)
		Golf & Buffet Dinner \$ 100.00 (fee includes prize)
		Golf Only \$ 45.00
		Dinner Only \$ 60.00

* Golf carts not included with registration fees

Registration Deadline is: **May 6th** / Cancellations received after **May 7th** will be charged full price

NOTES:

- **The tournament is open to CIPH members Only**
- **Trophies will be awarded!**
- Part of the proceeds of the tournament and contests go to the CIPH BC Scholarship Fund
- We will host a putting contest
- Tournament & dinner will be held regardless of weather
- **Dress Code:** No sweatpants, tennis shorts, cutoffs or gym shorts.
- **Your fee includes a prize so do not bring a prize to the event!**

**Please complete and fax this form to:
CIPH BC Region Coordinator:
Kathryn Kubossek at 604-594-5091 or e-mail bc@ciph.com**

Name: _____ Company: _____

Phone: _____ Email: _____

Please check the appropriate box: ☐ Golf & Dinner Full Course ☐ Golf Only Full Course
☐ Golf & Dinner Willows Nine ☐ Golf Only Willows Nine
☐ Dinner Only

(remember to include company names here)

	Full Course	Willows Nine	Name	Company Name	I will pay fee of	Pays Own Fee
Golfer #1						
Golfer #2						
Golfer #3						
Golfer #4						

Additional notes: _____

Any Golfers Over 55? If so, please state: _____ TOTAL: _____

Please list any dietary concerns: _____

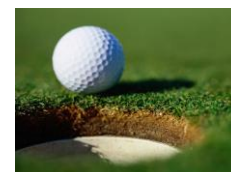
PAYMENT METHOD:

☐ **Cheque** or M/O payable to CIPH BC Region (CHEQUE MUST BE RECEIVED PRIOR TO May 11TH).
Mail your cheque & form to: CIPH BC, 15316 Sequoia Drive, Surrey, BC V3S 8N4

☐ **Credit Card** – Fax or mail to office: ☐ Visa ☐ Mastercard

Expiry Date: Month _____ Year _____ CVV _____ (3 digit code on back of cc)

Credit Card
Number:



Cardholder's
Name: _____

Cardholder's
Signature: _____

Your Receipt will be provided to you via e-mail