



Honouring
**The Ronald
Schlegel Family**

How to Register

Complete and return the Registration Card, along with your method of payment (cheque or credit card) for the full amount of your entry before Friday, May 11th, 2012. Please make cheques payable to: **The Conestoga Golf Classic**.

*Please note that we cannot accept postdated cheques.

Fees for ALL foursome members must be enclosed. Receipts will be issued based on the payment(s) received. If you wish to receive individual receipts, please include separate payments for each player. Confirmation of registration, the itinerary for the day, and directions to Rebel Creek Golf Club will be forwarded to you prior to May 23rd, 2012.

Please send to:

Julie Gillis

Development Office

Conestoga College Institute of Technology and Advanced Learning

299 Doon Valley Drive

Kitchener, ON N2G 4M4

Fax: 519-748-3532

For further information or assistance, please contact Julie Gillis at 519-748-5220 ext. 3285.

If you are unable to participate in The Classic, but wish to support education at Conestoga by making a donation, please send your donation to the address shown above.

Inclement Weather

The Classic will not be cancelled in the event of inclement weather, unless Rebel Creek determines that the weather does not reasonably allow the golf outing to proceed. In such an event, an alternate date will be arranged.



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Please note

Your O.G.A. Handicap Card is required at registration, or our C.P.G.A. Golf Professional will calculate your handicap before the start of the event.

Name: _____

Address: _____

City: _____ Postal Code: _____

Work Phone: (_____) _____

Email: _____ Handicap: _____

I am a Conestoga graduate: Yes No

I am registering: Self Foursome

My handicap is: _____

I have enclosed a cheque(s), payable to The Conestoga Golf Classic.

I would like to pay \$ _____ by:

Visa

MasterCard

American Express

Name on Card: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Other registrants:

Player 2 Name: _____

Company: _____ Handicap: _____

Email: _____

Player 3 Name: _____

Company: _____ Handicap: _____

Email: _____

Player 4 Name: _____

Company: _____ Handicap: _____

Email: _____

Recognition of your Gift

I would like to be recognized for my contribution in the Conestoga Annual Donor Report, and would like my name to be listed as:

I prefer to remain anonymous.

The personal information obtained on this form is used for administrative, fundraising and statistical purposes of the Development Office under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder. Personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).

REGISTRATION FORM