



NIGHT LITE Golf Tournament

FRIDAY, AUGUST 23 7PM to 12:00AM @ ROOT RIVER

RAIN DATE: Friday, August 30

REGISTRATION FORM

\$300 PER FOUR PERSON TEAM

INCLUDES USE OF NIGHT GOLF EQUIPMENT (BRING YOUR OWN CLUBS), 9 HOLES OF GOLF (only 20 pull carts are available, please come early if you require one) ENTRY IN TOURNAMENT PRIZES, FREE LATE NIGHT SNACKS & NON-ALCOHOLIC BEVERAGES ~ CASH BAR (\$)

Completed forms may be submitted to the Crime Stoppers office via email to info@saultcrimestoppers.com, or by drop off at the front desk of the **Police Services Building**, located at 580 Second Line East.

****FORMS & PAYMENT MUST BE SUBMITTED BY THURSDAY, AUGUST 1st TO ENSURE TEAM RESERVATION IN TOURNAMENT. CANCELLATION MUST BE REQUESTED AT LEAST 72 HOURS PRIOR TO REGISTRATION DEADLINE OR PAYMENT WILL NOT BE REFUNDED****

TEAM CAPTAIN INFO

Golf

NAME: _____ **PHONE:** _____

BUSINESS NAME: _____

ADDRESS: _____

EMAIL: _____

TEAM MEMBER INFO

Beer

PLAYER NAME: _____

PLAYER NAME: _____

PLAYER NAME: _____

TEAM NAME: _____

PAYMENT OPTIONS

Food

CASH CHEQUE CREDIT CARD E-TRANSFER

Cash or Cheques can be dropped off at the Police Services Building. E-Transfers can be sent to info@saultcrimestoppers.com using answer: stopcrime. If you would prefer to pay by Credit Card please visit our website: www.saultcrimestoppers.com

SCHEDULE OF EVENTS

Prizes

7:00 P.M. TO 7:30 P.M. – REGISTRATION & EQUIPMENT

7:30 P.M. TO 8:15 P.M. – FOOD & DRINKS

8:15 P.M. TO 11:30 A.M. – NIGHT LITE GOLF

11:30 A.M. TO 12:00 A.M. – PRIZES, AWARDS & PIZZA

HOW WOULD YOU LIKE YOUR TAX RECEIPT(S)?

By completing this form now we can save time during registration at the event!

This helps us determine how to split up the tax receipts if necessary. For example, if you paid the full \$300 and did not split the costs with your teammates then you would only put your name down. If you split it evenly with your teammates you would write all 4 names. If split between couples you write 2 names down.

PLEASE COMPLETE & PRINT CLEARLY

RECEIPT #1	Team Member Name: _____ Amount Paid: _____ Address: _____ Email: _____ Preferred Method of Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Mail
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RECEIPT #2	Team Member Name: _____ Amount Paid: _____ Address: _____ Email: _____ Preferred Method of Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Mail
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RECEIPT #3	Team Member Name: _____ Amount Paid: _____ Address: _____ Email: _____ Preferred Method of Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Mail
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RECEIPT #4	Team Member Name: _____ Amount Paid: _____ Address: _____ Email: _____ Preferred Method of Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Mail
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