

Canadian Mental Health Association – PEI

23rd Annual “Golf for Life” July 6, 2023 Registration Form

Please select the appropriate box below:

- ☐ I would like to support the Tournament as the Signature Sponsor (\$10,000) **Only one available*
- ☐ I would like to support the Tournament as a Corporate Sponsor (\$5,000 Gold)
- ☐ I would like to support the Tournament as a Corporate Sponsor (\$2,500 Silver)
- ☐ I would like to sponsor a team of four individuals (\$1,200) ** Early Bird of \$1,000 if received by June 2, 23*
- ☐ I would like to support the Tournament by sponsoring a hole or tee during the event (\$300)
- ☐ I cannot participate this year, however, please accept my donation of: \$ _____

Please print clearly

Organization Name: _____

Contact Person: _____

Mailing Address: _____

City / Town & Postal Code: _____ Phone: _____

E-mail: _____

Please make cheque payable to the Canadian Mental Health Association – PEI Division

- ☐ Please invoice the address above, all payments will be forwarded.

I am aware that my team space is not guaranteed until registration fee has been received.

- ☐ My cheque / money order is enclosed, or
Payment by: Visa /Mastercard

Card Number: _____ ExpirationDate ____/____ C.V.V. _____

Authorized Signature: _____

If entering a team, please list participant names:

1. _____
Shirt: Mens ☐ Womens ☐ Size: S ☐ M ☐ L ☐ XL ☐ XXL ☐
2. _____
Shirt: Mens ☐ Womens ☐ Size: S ☐ M ☐ L ☐ XL ☐ XXL ☐
3. _____
Shirt: Mens ☐ Womens ☐ Size: S ☐ M ☐ L ☐ XL ☐ XXL ☐
4. _____
Shirt: Mens ☐ Womens ☐ Size: S ☐ M ☐ L ☐ XL ☐ XXL ☐

Please send completed form and payment to: Canadian Mental Health Association – PEI Div.
PO Box 785 Charlottetown PE C1A 7L9 **Phone: 902-566-3034 Email: funddevelopment@cmha.pe.ca**
For more information, please visit our website at www.pei.cmha.ca