

**Swing for Hope Golf Classic**  
**Tuesday, May 11, 2010**  
**Glencairn Golf Club**



**REGISTRATION**

<p><b>Name:</b> _____</p> <p><b>Company Name:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Postal Code, City:</b> _____</p> <p><b>Email Address:</b> _____</p>	<p><b>I/We would like to REGISTER for the following:</b></p> <p><input type="checkbox"/> Individual \$ 225</p> <p><input type="checkbox"/> Foursome \$ 900</p> <p><input type="checkbox"/> Banquet Only \$ 100</p> <p><input type="checkbox"/> Not able to attend—Donation enclosed</p> <p><b>I/We would like to SPONSOR the following:</b></p> <p><input type="checkbox"/> Platinum \$1250</p> <p><input type="checkbox"/> Gold \$ 1,000</p> <p><input type="checkbox"/> Closest to Pin or Longest Drive \$500</p> <p><input type="checkbox"/> Hole Sponsor \$350</p>
<p align="center"><b>PLAYER ONE - TEAM CAPTAIN</b></p> <p><b>Name:</b> _____</p> <p><b>Company Name:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Postal Code, City:</b> _____</p> <p><b>Email Address:</b> _____</p>	<p align="center"><b>PLAYER TWO</b></p> <p><b>Name:</b> _____</p> <p><b>Company Name:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Postal Code, City:</b> _____</p> <p><b>Email Address:</b> _____</p>
<p align="center"><b>PLAYER THREE</b></p> <p><b>Name:</b> _____</p> <p><b>Company Name:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Postal Code, City:</b> _____</p> <p><b>Email Address:</b> _____</p>	<p align="center"><b>PLAYER FOUR</b></p> <p><b>Name:</b> _____</p> <p><b>Company Name:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Postal Code, City:</b> _____</p> <p><b>Email Address:</b> _____</p>
<p align="center"><b>PAYMENT METHOD</b></p> <p><input type="checkbox"/> Visa   <input type="checkbox"/> Master Card   <input type="checkbox"/> American Express   <input type="checkbox"/> Cheque</p> <p>Credit Card # _____</p> <p>Cardholder Name: _____</p> <p>Expiry Date: _____</p> <p>Signature: _____</p> <p align="center"><b>Cheques payable to: Hope Place Centres</b></p>	<p align="center"><b>CONTACT INFORMATION</b></p> <p><b>Mail completed form with payment to:</b></p> <p align="center"><b>Hope Place Centres</b>          Attn: Swing for Hope Golf Committee          8173 Trafalgar Road, Hornby ON L0P 1E0          (905) 878-1120 Ext.225</p> <p>Or <b>EMAIL</b> forms to: <a href="mailto:events@hopeplacecentres.org">events@hopeplacecentres.org</a>          Or <b>REGISTER</b> online at: <a href="http://www.hopeplacecentres.org">www.hopeplacecentres.org</a>          Or <b>FAX</b> to: (905) 878-1269</p>