

- Entry Form -



Brain Tumour Foundation of Canada and Epilepsy Support Centre present

7th Annual Charity GOLF CLASSIC

**Held At
The Oaks Golf & Country Club
Wednesday July 23, 2008**

Please Return Form Before July 1, 2008

Or register online at www.braintumour.ca or www.epilepsysupportcentre.com

Team Captain:

Name: _____

Address: _____

Phone: _____

Email: _____

My foursome (Name & E-mail):

(single entries are accepted - we will put you in a foursome)

1 _____

2 _____

3 _____

4 _____

* By registering, I am aware local media and photographers may be at this event and any pictures and/or stories collected may be used by these individuals as well as in Brain Tumour Foundation of Canada and Epilepsy Support Centre materials.

Entry Fee: \$225 per golfer

11 a.m. shotgun start

Payment: Visa Mastercard Cheque

Visa or Mastercard #: _____ exp ____ / ____ Total amount: \$ _____ (\$225pp)

Name (as it appears on card): _____

Phone Number: (____) _____

OR

A cheque is enclosed for: \$ _____ for _____ (golfer/foursome name)

Please contact us to register today:

Brain Tumour Foundation of Canada
Phone: (519) 642-7755 Fax: (519) 642-7192
620 Colborne St., Suite 301, London, Ont. N6B 3R9
or email Sue: sruypers@braintumour.ca

Epilepsy Support Centre
Phone: (519) 433-4073 Fax (519) 433-4079
234 Riverside Dr., London, Ont. N6H 1E6
or email Michelle: pr@epilepsysupport.ca

Thank you in advance for your continued support of this tournament!