



TOURNAMENT REQUEST

Fax: (306) 237-4362 Phone: (306) 237-4365

GROUP NAME: _____

Contact Person: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Food & Beverage Requirements: Yes No

(Please Check One)

EVENT DATE: _____ **# OF GUESTS:** _____

TEE TIME START REQUIRED: _____

OR

SHOTGUN START TIME: 8:00AM or 1:00PM

(Please Circle One)

OTHER: _____

Office Use Only:

DEPOSIT: **CHEQUE** **VISA** **MASTERCARD**

Amount: _____

Card#: _____ Expiry: _____