

REGISTRATION FORM

Contact Name: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____

GOLF

Participant's Name

1. _____ email: _____

2. _____ email: _____

3. _____ email: _____

4. _____ email: _____

Golf _____ X \$225.00 \$ _____

BREAKFAST ONLY

Participants Name

1. _____ email: _____

2. _____ email: _____

3. _____ email: _____

4. _____ email: _____

Breakfast only _____ X \$40.00 \$ _____

You may also register online at glimmerforepilepsy.com

CORPORATE AND EVENT SPONSORSHIP

Hole Sponsorship \$250.00 Sign with your name on the Tee Box
Golf Cart Sponsorship \$1,500.00 Have your company name on each cart
Corporate Sponsorship \$ _____ Corporate Sponsorships may be made
online at glimmerforepilepsy.com or fill in an amount here and submit a cheque.

Please make cheques payable to Glimmer of Hope

Send cheque to:
Glimmer of Hope
25 Lupine Cres.
Richmond Hill, ON L4E 4M5

For all other sponsorship questions or information, please contact
GlimmerForEpilepsy@gmail.com