



**TELUS
GOLF
CLASSIC®**

September 15, 2017
Fairmont Chateau Whistler Golf Club

REGISTRATION FORM

Contact: _____ Company: _____

Email: _____ Address : _____

City: _____ Prov: _____ Postal code: _____ Daytime Phone: _____

Team Name: _____ Handicap*: _____ M/F _____

Team Captain: _____ Email: _____
(This contact will receive all team member correspondence.)

Team Member 2: _____ Email: _____

Team Member 3: _____ Email: _____

Team Member 4: _____ Email: _____

* If a player does not have a golf handicap, please indicate B for Beginner or write in their average score for 18 holes.

Tournament Fees

18-Hole Scramble Foursome (includes dinner) \$1,800 per team of 4
Après Reception & Dinner Only – Limited Number of tickets \$100 per person
(All prices include taxes and gratuities)

Quantity	Amount
_____ Team(s)	= \$ _____
_____ Extra dinner tickets	= \$ _____
Total amount owing:	\$ _____

Payment info: CHEQUE VISA M/C AMEX

Card Number: _____ Expiry Date: _____

Name on card: _____ Signature: _____

Please note: There are no refunds or exchanges. Payment must accompany registration to secure a team.



Registration & payment can be emailed, mailed or faxed to:
Whistler Blackcomb Foundation
4545 Blackcomb Way, Whistler, BC V0N 1B4
Phone: 604.938.7321 Fax: 604.938-7337
Email: jkerrigan@whistlerblackcomb.com

