

# REGISTRATION

Receipt will be issued to "Payer" unless otherwise noted.

This form **MUST** accompany your registration

FAX 780 929-8304

**\$200 per player**  
**fax 780 929 8304**

I do  I do not  have **MEAL CHOICE**  
a foursome Steak  Chicken

\*mandatory

I require a receipt

\*PLAYER ONE \_\_\_\_\_

\*EMAIL/PHONE \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

Amount \$ \_\_\_\_\_

Reservations will only be guaranteed upon full payment. No cancellation or reimbursements. Sponsorship and payment deadline May 1st, 2018

**Cheque** Please make payable to Treasure Life VISA  MASTERCARD

CREDIT CARD NUMBER

/ /

EXPIRY DATE

/

CARD HOLDER NAME - PLEASE PRINT

SIGNATURE

**\$10 goes to membership in Treasure Life**

**\$200 per player**  
**fax 780 929 8304**

I do  I do not  have **MEAL CHOICE**  
a foursome Steak  Chicken

\*mandatory

I require a receipt

\*PLAYER TWO \_\_\_\_\_

\*EMAIL/PHONE \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

Amount \$ \_\_\_\_\_

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**Cheque** Please make payable to Treasure Life VISA  MASTERCARD

CREDIT CARD NUMBER

/ /

EXPIRY DATE

/

CARD HOLDER NAME - PLEASE PRINT

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\*mandatory

I require a receipt

\*PLAYER THREE \_\_\_\_\_

\*EMAIL/PHONE \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

Amount \$ \_\_\_\_\_

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CREDIT CARD NUMBER

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CARD HOLDER NAME - PLEASE PRINT

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a foursome Steak  Chicken

\*mandatory

I require a receipt

\*PLAYER FOUR \_\_\_\_\_

\*EMAIL/PHONE \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

Amount \$ \_\_\_\_\_

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CREDIT CARD NUMBER

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EXPIRY DATE

/

CARD HOLDER NAME - PLEASE PRINT

SIGNATURE

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**VISIT US AT  
TREASURELIFE.CA**