

**Complimentary
Golf Cart
Breakfast, Lunch
Gifts, Awards
Prizes**

**Games
Room
& Yoga**



**\$60
Lunch
Included**

**Wednesday,
June 12th, 2013
8:00 am
Registration
8:30 am Tee-Off
\$200 per Golfer**



**Doane House
HOSPICE**

905-967-0259

**TEE-OFF
FOR
HOSPICE
AT
PHEASANT
RUN GC**



REGISTRATION

No. of Golfers: _____ x \$200.00 = Total: _____

MasterCard Visa # _____

Group Contact: _____ Phone Number: _____

Golfer 1: _____ Address: _____
Tel. No.: _____

Golfer 2: _____ Address: _____
Tel. No.: _____

Golfer 3: _____ Address: _____
Tel. No.: _____

Golfer 4: _____ Address: _____
Tel. No.: _____
Email: _____

SPONSORSHIP

Title Sponsor
\$5000

Gold Sponsor
\$2500

Silver Sponsor
\$1500

Lunch Sponsor
\$1250

Beat the Pro
\$1000

Breakfast Box
\$600

Hole-in-One
Sponsor \$500

Hole Sponsor
\$250

Business Card Advert \$99

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

I WOULD LIKE TO MAKE
AN ADDITIONAL
DONATION:

AMOUNT: \$ _____

I am unable to participate but would like to make a donation:

AMOUNT: \$ _____

2013 Tee-Off for Hospice Registration & Pledge Form

Wednesday, June 12th, 2013 8:00am Registration – 8:30am Tee-Off

Please print clearly and make all cheques payable to "Doane House Hospice" – please write "Tee-Off for Hospice" in the Memo Section. Please note, tax receipts are issued only for donations of \$20.00 or more.

Charitable Registration Number: 14033 7437 RR0001

Name	Complete Address (street, city, province, postal code)	Email address	Phone	Pledge Amnt	Cash or Cheque	Receipt Req.? Yes/No

The Doane House Hospice Tee-Off for Hospice Agreement, Release and Indemnity:

I AGREE that at all times during the Doane House Hospice Tee-Off for Hospice event my safety remains my sole responsibility. In consideration of the acceptance of my registration form as an entrant in the Tee-Off for Hospice, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE Doane House Hospice, its staff and volunteers, the sponsors of this event, the Town of Newmarket OF AND FROM ALL claims, demands, damages, costs, expenses, actions, causes of action, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the event. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO IDEMNIFY all of the aforesaid from and against all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in this event.

By submitting this entry, I acknowledge having read, understood and agreed to the above release, waiver and indemnity. I warrant that I am physically fit to participate in this event and grant permission for all photos that may be taken at the event to be used without compensation in any Hospice print or promotional materials such as but not limited to their website, annual report, brochures.

Signature: _____ **Date:** _____