



ATTEND THE 7TH ANNUAL CHARITY OPEN At Shuswap Lake Golf Course, at Blind Bay

I wish to register for the following: Please supply all email addresses for ease of communicating event information to all participants

SATURDAY AUGUST 27 TH , 2	2022
☐ Foursome	\$1,000
☐ Corporate Team	\$1,000
(Include all names and addresses on form	n)
☐Extra Dinner Tickets	\$60 each
Add 4 extra dinner tickets to your fourso dinner and auctions with friends and spo	
Reservations may be made for tables of	8
Tax receipt for \$80 will be issued for portion in the name of the payee for ea	
Golfer #1 Name	
Email	
Address	
Phone	
Method of Payment: \Box CHQ \Box MC \Box VIS	SA □CASH
Card #	
Expiry Date:/ Security Cod	de:
Signature:	

Golfer #2 Name	
Email	
Address	
Phone	
Method of Payment: \Box CHQ \Box MC \Box VISA \Box CASH	
Card #	
Expiry Date:/ Security Code:	
Signature:	
Golfer #3 Name	
Email	
Address	
Phone	
Method of Payment: \Box CHQ \Box MC \Box VISA \Box CASH	
Card #	
Expiry Date:/ Security Code:	
Signature:	
Shuswap Hospital Foundation Box 265	
Salmon Arm, BC V1E 4N3	
Ph: 250-803-4546	

fiona.harris@interiorhealth.ca

trudy.tehennepe@interiorhealth.ca

Golfer #4 Name
Email
Address
Phone
Method of Payment: \Box CHQ \Box MC \Box VISA \Box CASH
Card #
Expiry Date:/ Security Code:
Signature:

SATURDAY AUGUST 27TH, 2022

TOURNAMENT FORMAT

4 Person Scramble - Team Score only.

TOURNAMENT INCLUDES:

- Driving range and practice putting/chipping privileges prior to tee off
- Golf Passport (Your entry into all event activities
- Take out Lunch, plus hot dog on course
- 18 Holes
- Shared power cart
- 3 Hole-in-One Opportunities for a NEW VEHICLE & 1 Opportunity for \$25,000 CASH
- Golf prizes to be awarded
- Gourmet Dinner
- Silent and Live Auctions
- On-site raffles

Please print and complete the registration form. Then email or mail to Shuswap Hospital Foundation.