



RICHMOND JEWISH DAY SCHOOL 2011 GOLF TOURNAMENT REGISTRATION FORM

Please print clearly.

NAME: _____

ADDRESS: _____

CITY: _____ **PROV:** _____ **POSTAL:** _____

TELEPHONE(S): (Cell) _____ (Res) _____ (Bus) _____

E-MAIL: _____

If a foursome or companion is requested, please list the additional 3 players:

1. _____ 2. _____ 3. _____

PAYMENT OPTIONS:

	<u>How Many People</u>			<u>Total</u>
Golf & Dinner	_____	X \$250	= \$	_____
Dinner only	_____	X \$69	= \$	_____
TOTAL			\$	_____

Please indicate how many, if required: I require _____ Kosher Meal(s)

Donation (can't make it but would like to support RJDS) = \$ _____

*Please charge my **Visa** or **Mastercard**: (circle one) (Please print clearly):*

CARD #: _____ **EXP** _____

Name on Card (Please Print) : _____

IF PAYING BY CHEQUE, PLEASE MAKE CHEQUES OUT TO:

**The Richmond Jewish Day School, 8760 No.5 Road, Richmond, BC V6Y 2V4, Canada
and please reference 2011 Golf Tournament.**

If you are paying for more than one person, please print the names of the people you are paying for:

Golfers: (1) _____ (2) _____ (3) _____

Dinner Only Guests: (1) _____ (2) _____ (3) _____ (4) _____

Dinner Only Guests: (5) _____ (6) _____ (7) _____ (8) _____

**FAX REGISTRATION
FORM TO RJDS @
604.275.9322**

If you have any questions please visit our website at www.rjdsgolf.com
Or contact: the Richmond Jewish Day School at 604.275.3393 or
Tournament Chair Andrew Altow at aaltow@telus.net.

Thank you for supporting the children of RJDS.