**Golfing Fore Wellness 2020**

**Echo Valley Golf Course**

**2738 Brigham Rd., London, ON N6P 1P2**

**TEAM REGISTRATION FORM**

**\*\*\*Registration Fee is $400 per team or $100 per Golfer\*\*\***

**Please make cheques payable to the Association of Iroquois and Allied Indians**

**Cash or EMT Payments can be made to Tanis Doxtator at** **tdoxtator@aiai.on.ca** **(EMT Password: golf2020)**

**Contact Name: Contact Number:**

**Email Address:**

|  |  |
| --- | --- |
| **Golfer #1****Name:** | **Email Address:** |
| **Golfer #2****Name:** | **Email Address:** |
| **Golfer #3****Name:** | **Email Address:** |
| **Golfer #4****Name:** | **Email Address:** |

**Please submit your registration form to the attention of Shayna Phillips via:**

**Email:** **sphillips@aiai.on.ca** **or Fax: 519-675-1053**

**no later than *Friday, July 31st, 2020.***