

30th REHOBOTH ANNUAL GOLF CLASSIC

Registration No. _____

GOLFER REGISTRATION FORM

Your golf registration fee of \$225 includes: 18 holes of golf, cart rental, tournament meal, 3 Mulligans, goodie bag, group photo, ticket for a drink of your choice with a light lunch, a chance at 4 Hole-in-One Prizes & a tax receipt of \$50.00.

******Golfers wishing to receive an Income Tax Receipt must pay their own registration******

GOLFER #1 Name: _____

Address: _____

Address: _____

Email: _____

Phone: _____

GOLFER #2 Name: _____

Address: _____

Address: _____

Email: _____

Phone: _____

GOLFER #3 Name: _____

Address: _____

Address: _____

Email: _____

Phone: _____

GOLFER #4 Name: _____

Address: _____

Address: _____

Email: _____

Phone: _____

Keep together as a team

Please put me on a team with: _____

Extra Dinner Guest(s)? Dinner is \$40/per plate x _____ = \$ _____

I am unable to attend but would like to donate \$ _____

IMPORTANT: Please check one:

I/We **authorize** pictures of our team/single player to be used on Social Media sites.

I/We **decline** pictures of our team/single player to be used on Social Media sites.

Payment Options:

EFT: rcmdonations@rcmflourish.ca ***IMPORTANT: Ensure record **SOUTH GOLF** in the memo line!

Online: <https://www.rcmflourish.ca/events/2025-golf-tournaments/>

Cheque: Must be made out to: **REHOBOTH CHRISTIAN MINISTRIES**

Credit Card (please call 403-345-5199)

Is this a: Corporate payment? or a personal payment?

✓ Don't forget to email (sigrid.miklos@rcmflourish.ca) /mail your registration form!

For Office Use Only: (Account No. _____)

Fees:	22020 \$ _____	Donations:	22020 \$ _____
4400-30-425-9025 \$ _____		Corporate: 43005-30-404-9025 \$ _____	
Extra Dinner (\$40 each) \$ _____		Individual: 43005-30-402-9025 \$ _____	