



FORT MCKAY GROUP OF COMPANIES 10TH ANNUAL GOLF TOURNAMENT



REGISTRATION FORM

CONTACT INFORMATION

Company Name: _____

Phone Number: _____

Player One: _____

Handicap: _____

Contact Name: _____

Fax: _____

Player Two: _____

Handicap: _____

Title: _____

Email: _____

Player Three: _____

Handicap: _____

Address: _____

Player Four: _____

Handicap: _____

SPONSORSHIP INFORMATION

I would like to make the following contribution to the Annual Fort McKay Group of Companies LP Golf Tournament
In support of the Fort McKay School & E-Learning

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MC

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