

Organization: _____ Main Contact: _____

Mailing Address: _____ City/Prov/PC: _____

Billing Address: _____ City/Prov/PC: _____

2022 GOLFER REGISTRATION

Additional Green Fees	\$	-
HST (13%)	\$	-
TOTAL DUE (Canadian Funds)	\$	-

Please input names in order of who they are playing with - example. Player 1 is playing with Player 2, Player 3 is playing with Player 4
 Players 1 - 4 will play as a foursome

ADDITIONAL GOLFERS

Green Fees	Qty	Total
\$207.50	0	\$0.00

Player	Email	Dietary Restrictions
Player 1		
Player 2		
Player 3		
Player 4		
Player 5		
Player 6		
Player 7		
Player 8		

Terms and Conditions: Balances due immediately upon receipt of form. All invoices must be paid in full by May 30, 2022.

Damage Prevention Symposium

PAYMENT INFO – Page 2

Please send completed order form to: **Rebecca Leighton at rebecca@orcga.com and Kim Sheppard at kim@orcga.com**

Payment Options

- Credit Card** (complete Payment Authorization below)
- Credit Card** (provide cc info over the phone)
- Invoice me** at Billing Address (Page 1)
- Cheque enclosed** made payable to Ontario Regional Common Ground Alliance

Mail to Ontario Regional Common Ground Alliance, 545 North Rivermede Road, Unit 102, Vaughan ON L4K 4H1

Signature

Date

* * * * *

2022 CREDIT CARD PAYMENT AUTHORIZATION

For security purposes, this document will be destroyed after transaction is processed

Regulations pertaining to credit card purchases require ORCGA to obtain the following information to process credit card purchases without physical possession of the card and the embedded information on the magnetic strip. Please fill out this form completely to ensure prompt processing.

COMPLETE AND RETURN THIS FORM WITH YOUR CONTRACT

Company Name:

Invoice:

Due Now: \$ -

Type of Card:
 VISA MasterCard

Credit Card Number:

Name on Card:

Date of Expiration:

Security Code:

Billing Address:

City, Province (State), Postal Code:

Email for receipt:

Contact Phone:

* * * * *

I certify I am an authorized user of the above credit account and I authorize payment in the amount of \$ -

Authorized Signature

Date