2009 NB Men's
Tournament Entry Form

New Brunswick Golf Association, PO Box 1555, Station A, 1967 Highway 640, Fredericton, NB E3B 5G2
Phone: (506) 451-1324 Fax: (506) 451-1348 nbgolf@nbnet.nb.ca www.nbga.nb.ca

I wish to enter the following tournament(s): (check all that apply and forward entry form with full payment to the address above)

***MOLSON* NB MEN'S FOUR BALL CHAMPIONSHIP**	☐	$150.00
***NIKE GOLF* NB MEN'S MID-AMATEUR CHAMPIONSHIP** Caddy (caddies will be arranged with the club by the NBGA) Please circle: YES NO	☐	$130.00
***RBC DOMINION SECURITIES* NB MEN'S AMATEUR CHAMPIONSHIP** Caddy (caddies will be arranged with the club by the NBGA) Please circle: YES NO	☐	$140.00
NB FAMILY CLASSIC CHAMPIONSHIP Please circle: Father/Son Father/Daughter Mother/Son Mother/Daughter	☐	$ 70.00
***DUNDEE WEALTH MANAGEMENT INC* NB MENS' SENIOR CHAMPIONSHIP** Caddy (caddies will be arranged with the club by the NBGA) Please circle: YES NO	☐	$130.00
NB ADULT/JUNIOR CHAMPIONSHIP	☐	$ 45.00
NB MEN'S SENIOR FOUR BALL CHAMPIONSHIP	☐	$150.00
NB MIXED CHAMPIONSHIP	☐	$130.00

NOTE: ALL ENTRY FEES INCLUDE HST
NOTE: CADDY FEES TO BE DETERMINED BETWEEN PLAYERS AND CADDIES - MINIMUM PYAMENT OF $25/ROUND

Name: _____ Golf Club: _____ Handicap Factor: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Telephone: (H) _____ Telephone: (W) _____ Fax: _____

☐ Check here if you would like to receive the NBGA e-newsletter (an email address must be provided above)

MUST BE COMPLETED FOR ALL ENTRIES: Birthdate: Month _____ Day _____ Year _____
I have read and understand the terms and conditions of entry and will abide by them.

Signature of Entrant: _____

Name: _____ (Four Ball Parnter's Name) Golf Club: _____ Handicap Factor: _____

Name: _____ (Family Classic Partner's Name) Golf Club: _____ Handicap Factor: _____ Male/Female (please circle)

Name: _____ (Adult/Junior Partner's Name) Golf Club: _____ Handicap Factor: _____ Male/Female (please circle)

Name: _____ (Mixed Partner's Name) Golf Club: _____ Handicap Factor: _____ Male/Female (please circle)

Name: _____ (Senior Four Ball Partner's Name) Golf Club: _____ Handicap Factor: _____

METHOD OF PAYMENT - Entries will not be processed without payment. Faxed entries must include payment by Visa/M/C.

Cheque or Money Order enclosed (Payable to NB Golf Association) _____ TOTAL PAYMENT $ _____

Visa or M/C #: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

The NBGA adheres to the privacy requirements of the Federal Personal Information Protection and Electronics Act (PIPEDA). For more information on the NBGA's Privacy Policy please visit our web site at www.nbga.nb.ca. Our organization does not collect any personal information identifying you unless you volunteer such information. Your contact information will be used for three purposes: in the proper administration of the tournament(s) you have registered for; forwarding to your attention information on future tournaments; to contact you from time to time as needed for association matters. By filling out this entry form, you are consenting to such use.