

# ANNUAL MEMORIAL GOLF TOURNAMENT IN MEMORY OF STEVEN ARMSTRONG

*Presented by the Armstrong Family and Trout Haven Park*

## REGISTRATION FORM 2011

DEAR GOLFER,

The time has come again to register for the Annual Memorial Golf Tournament in Memory of Steven Armstrong. This is a wonderful way for family and friends, new and old, to remember Steven and support the non-profit hockey club in London that was so important to Steven.

Proceeds are donated to The Red Circle Hockey Club to support the *Steven Armstrong Memorial Award*. This award is presented to a young person who donates her or his time to the hockey club and demonstrates sportsmanship throughout the year. The award includes a glass trophy, the recipients name on a plaque and the next year's registration fees paid by The Red Circle Hockey Club.

We hope that you will join us this year to celebrate Steven's life and to support The Red Circle Hockey Club in their efforts to create equal opportunities, regardless of ability for the young hockey players in our community.

**Where:** Arkona Fairways, 8563 Townsend Line, Arkona, ON.

**When:** Saturday, August 20<sup>th</sup>, 2011 @ 1pm (Shotgun start).

**Cost:** \$55pp (includes 9 holes of golf with cart, prizes and dinner at Trout Haven Park).  
The cost for dinner only is \$10.

\*\*Payment and registration form must be received by Friday, August 5<sup>th</sup>, 2011.

\*\*No refunds after Friday, August 5<sup>th</sup>, 2011.

Please fill out the requested information for each golfer.

**GOLFER 1 (\$55)**

NAME

First

Last

ADDRESS

Street name, number and apt/unit number

City

Postal Code

PHONE

E-MAIL

( )

Please email me the registration form for the Annual Memorial Trout Haven Golf Tournament in Memory of Steven Armstrong for next year. ( )

**GOLFER 2 (\$55)**

NAME

First

Last

ADDRESS

Street name, number and apt/unit number

City

Postal Code

PHONE

E-MAIL

( )

Please email me the registration form for the Annual Memorial Trout Haven Golf Tournament in Memory of Steven Armstrong for next year. ( )

**GOLFER 3 (\$55)**

NAME

First

Last

ADDRESS

Street name, number and apt/unit number

City

Postal Code

PHONE

E-MAIL

( )

Please email me the registration form for the Annual Memorial Trout Haven Golf Tournament in Memory of Steven Armstrong for next year. ( )

**GOLFER 4 (\$55)**

NAME

\_\_\_\_\_

First

Last

ADDRESS

\_\_\_\_\_

Street name, number and apt/unit number

City

Postal Code

PHONE

( ) \_\_\_\_\_

E-MAIL

\_\_\_\_\_

Please email me the registration form for the Annual Memorial Trout Haven Golf Tournament in Memory of Steven Armstrong for next year. ( )

Please include the names of others in your party who will attend dinner only (\$10 each).

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

I am paying by cheque (payable to Trout Haven Park) ( ) TOTAL \$ \_\_\_\_\_

I am paying with cash ( )

Payment is attached ( )

*Thank you for your participation.*