



Northern Ontario School of Medicine

### REGISTRATION FORM

Please print clearly & complete all information requested

## Wasaya Airways LP Classic Golf Tournament



**Thursday August 26, 2010  
Whitewater Golf Club**

Registration 11:00 a.m.  
Lunch 11:15 a.m.  
Shotgun Start 12:00 p.m.  
.Dinner 6:00 p.m.

**Registration Deadline  
August 13, 2010**

**ENTRY FEE**  
\$200.00 Per Person  
\$800.00 Per Team

Entry Fee Includes:  
18 holes of golf – Best Ball,  
Cart, Registration Gift,  
Lunch & Dinner\*

**\* Please advise us if anyone on  
your team has dietary  
restrictions**

For more information, please contact  
**Jennifer Mihalcin** at NOSM  
807-766-7423

**Make Cheques Payable to  
Wasaya Airways**

Please mail completed registration  
form to:

**Jennifer Mihalcin  
NOSM  
955 Oliver Road  
Thunder Bay, ON P7B 5E1**

**Or fax to (807) 766-7370**

Proceeds raised in support of bursary funds at the Northern Ontario School of Medicine

**Team Name** \_\_\_\_\_

**Golfer Name (Captain)** \_\_\_\_\_

Company \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment By** Cheque  Visa  Mastercard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

**Golfer Name** \_\_\_\_\_

Company \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment By** Cheque  Visa  Mastercard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

**Golfer Name** \_\_\_\_\_

Company \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment By** Cheque  Visa  Mastercard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

**Golfer Name** \_\_\_\_\_

Company \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Payment By** Cheque  Visa  Mastercard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

**ADDITIONAL DINNER GUESTS ARE WELCOME** (meal cost \$50.00 per person)

**Guest(s) Name(s)** \_\_\_\_\_

**Payment By** Cheque  Visa  Mastercard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_