Canadian Culinary Federation
Golf Classic Registration Form

Ottawa Branch

Contact Name: _____
Company Name: _____

Golf & Dinner, Thursday Sept. 20, 2018

Please reserve _____ people for golf & dinner @ $150.00 per person.

Method of Payment O MC DVISA O Cheque

Name (as it appears on the card): _____

Card Number: _____ Expiry (___/___)
mm yy

Signature: _____

Participant 1

Name: _____

Company: _____

Address: _____

Phone: _____

e-mail: _____

Participant2

Name: _____

Company: _____

Address: _____

Phone: _____

e-mail: _____

Participant 3

Name: _____

Company:

Address: _____

Phone: _____

e-mail:

Participant 4

Name: _____

Company: _____

Address: _____

Phone: _____

e-mail: _____

Please return your completed registration form by Thursday Sept. 5,2018

Snail Mail: Russell Weir 1385 Woodroffe Ave. Ottawa Ontario
Food services Building D Room d111 K2G-t VB
Fax (613) 727-7735
e-mail esnardg@ algonquincollege com
Questions? (613) 727-4723 x6278 *No refunds, rain or shine. Substitution permitted.*