

PLAYER INFORMATION



Please return form by: **Email:** poward@sunningdalegolf.com
Fax: 519-660-1608
Mail: 465 Sunningdale Road West
 London, Ontario N6G 5B9

Payment Information: With the information you provide Sunningdale will open a temporary account, on your behalf, which you can use for all purchases during the event. If paying by credit card, your account will be settled and receipts will be emailed to you after the event. **Registration confirmation will be sent by e-mail.**

Player No. 1

Name: _____

Email: _____

Full Address & Postal Code: _____ / _____

Home/Business/Cell Phone: _____ / _____ / _____

RCGA Handicap Factor & Club Name: _____ / _____

Billing Options:

Bill all charges to my Account # _____
 Sunningdale
 Other club (please specify) _____

Bill to my credit card (check one)
 Visa MC Amex
 Please provide 16 digit # and expiry date _____ / _____

Signature of Cardholder _____

Summary:

Player Registration	\$220.00 x	= \$	TOTAL = \$ _____
(Optional) Guest Dinner	\$55.00 x	= \$	

Player No. 2

Name: _____

Email: _____

Full Address & Postal Code: _____ / _____

Home/Business/Cell Phone: _____ / _____ / _____

RCGA Handicap Factor & Club Name: _____ / _____

Billing Options:

Bill all charges to my Account # _____
 Sunningdale
 Other club (please specify) _____

Bill to my credit card (check one)
 Visa MC Amex
 Please provide 16 digit # and expiry date _____ / _____

Signature of Cardholder _____

Summary:

Player Registration	\$220.00 x	= \$	TOTAL = \$ _____
(Optional) Guest Dinner	\$55.00 x	= \$	