



# Landmark East Foundation 15<sup>th</sup> Annual Charity Golf Classic Four Person Scramble

**When:** Friday, June 7<sup>th</sup>, 2024

**Where:** KenWo Golf Club  
9514 Commercial Street, New Minas, NS  
www.kenwo.ca

**Time:** Registration begins at 11:00 AM  
Shotgun start at 1:00 pm

**Title Sponsor:**



## TEAM/PLAYER REGISTRATION

Team/Player Name:	
Contact Person:	
Address (including postal code):	
Telephone:	Email:

## FEES

Four Person Scramble – Player fees include green fees and meal	
<input type="checkbox"/> Team – \$600 – 2 golf carts per team included <input type="checkbox"/> Individuals – _____ players @ \$150 each	
Are you a golf sponsor? Please check: <input type="checkbox"/> Title Sponsor <input type="checkbox"/> Platinum Sponsor <input type="checkbox"/> Gold Sponsor	
<b>Note:</b> Please complete <b>Player Registration</b> on <b>Page 2</b> .	

<b>TOTAL PAYMENT:</b> \$ _____
--------------------------------

## METHOD OF PAYMENT

<input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Cheque</b> Payable to "Landmark East Foundation" <input type="checkbox"/> <b>E-Transfer</b> <u>Recipient:</u> Landmark East Foundation <u>Email:</u> donations@landmarkeast.org <u>Message:</u> Golf Tournament <input type="checkbox"/> <b>Credit Card</b>	<b>Credit Card Information:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard  Card Number: _____  Expiry Date: _____    Security Code: _____  Cardholder Name: _____  Cardholder Signature: _____
---	--

RETURN COMPLETED FORM WITH PAYMENT TO:

**Landmark East Foundation**  
**708 Main Street, Wolfville NS B4P 1G4**  
Attention: Holly  
 Cell: 902-670-1698    Fax: 902-681-8939  
 Email: [golf@landmarkeast.org](mailto:golf@landmarkeast.org)



# Landmark East Foundation 15<sup>th</sup> Annual Charity Golf Classic Four Person Scramble

**When:** Friday, June 7<sup>th</sup>, 2024

**Where:** KenWo Golf Club  
9514 Commercial Street, New Minas, NS  
www.kenwo.ca

**Time:** Registration begins at 11:00 AM  
Shotgun start at 1:00 pm

**Title Sponsor:**



## PLAYER REGISTRATION

If players are paying individually, please fill out details for each player to receive a tax receipt. If a company is paying for the team, a tax receipt will be issued to the company.

### Player #1:

Name:	
Address:	
Tel:	Email:

### Player #2:

Name:	
Address:	
Tel:	Email:

### Player #3:

Name:	
Address:	
Tel:	Email:

### Player #4:

Name:	
Address:	
Tel:	Email: