



Changing Lives

Landmark East Foundation 17th Annual Charity Golf Tournament Four Person Scramble

When: Friday, June 5th, 2026

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:

PLAYER 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	
Note: Please complete Player Registration on Page 2	

GAMES (Optional)

<input type="checkbox"/> Pre-pay for games on holes @ \$140 per team
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TOTAL PAYMENT: \$ _____

METHOD OF PAYMENT

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

Landmark East Foundation
Attention: Golf Tournament
708 Main Street
Wolfville NS B4P 1G4

Tel: 902-542-2237 | Fax: 902-542-4147 | Email: golf@landmarkeast.org



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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: