

PLAN TO ATTEND THE 15TH ANNUAL

# Loyalist College Golf Tournament

## Celebrating Student Success

15<sup>th</sup>

**Friday, September 20, 2013**

**BAY OF QUINTE GOLF & COUNTRY CLUB**

1830 Old Hwy. 2, Quinte West (west of Wallbridge-Loyalist Road)

11:00 a.m. – Registration Opens / 12:00 Noon – BBQ Lunch / 1:00 p.m. – Shotgun Start

*Join us for a great day of fun in support of the  
Campaign for Loyalist College.*



\$150 registration fee includes:  
18 holes of golf, power cart, BBQ lunch, dinner by the  
Loyalist College Culinary program, and prizes.

**Registration deadline is September 6, 2013.  
Tickets will be available for great prizes!**

For more information,  
call The Loyalist College Foundation office,  
**(613) 969-1913, ext. 2326**  
or visit our website at [loyalistcollege.com](http://loyalistcollege.com)



# Loyalist College Golf Tournament

## Celebrating Student Success

### REGISTRATION FORM

Friday, September 20, 2013 — BAY OF QUINTE GOLF & COUNTRY CLUB  
1830 Old Hwy. 2, Quinte West

#### SPONSORSHIP OPTIONS:

- GOLD: \$1,600**  
Includes: 4 players (golf, power carts, lunch, and dinner), hole sponsorship and promotion in all brochures and advertising
- SILVER: \$1,200**  
Includes: hole sponsorship and promotion, 2 players (golf, power cart, lunch, and dinner)
- BRONZE: \$300**  
Includes: hole sponsorship and promotion
- INDIVIDUAL: \$150**    1    2    3    4  
Includes: golf, power cart, lunch, and dinner
- DINNER ONLY: \$25**
- I would like to provide a prize for the prize table/auction**

#### METHOD OF PAYMENT:

- Cheque Enclosed (*Payable to Loyalist College*) OR  
 Credit Card (*details as follows*)

Card Holder: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_

Please forward your registration form to:  
THE LOYALIST COLLEGE FOUNDATION  
Attn: F. Nobes  
P.O. Box 4200, Belleville, ON K8N 5B9

Fax: (613) 969-7902 • Tel: (613) 969-1913, ext. 2326

E-mail: [fnobes@loyalistic.on.ca](mailto:fnobes@loyalistic.on.ca)

#### CONTACT INFORMATION:

Contact Person: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PLAYER #1 NAME:** \_\_\_\_\_

Address: (4) Same as above\_\_\_\_ or  
\_\_\_\_\_  
\_\_\_\_\_

**PLAYER #2 NAME:** \_\_\_\_\_

Address: (4) Same as above\_\_\_\_ or  
\_\_\_\_\_  
\_\_\_\_\_

**PLAYER #3 NAME:** \_\_\_\_\_

Address: (4) Same as above\_\_\_\_ or  
\_\_\_\_\_  
\_\_\_\_\_

**PLAYER #4 NAME:** \_\_\_\_\_

Address: (4) Same as above\_\_\_\_ or  
\_\_\_\_\_  
\_\_\_\_\_

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