

# 22<sup>nd</sup> Annual College of Pharmacy Alumni Golf Classic

## **Player Registration Form**

Name:	
Mailing Address: (Including Postal Code)	
Email Address:	
Telephone:	
Fax:	
	ed your team of four please indicate the other three individuals on your team.  #2#3

### **2017 BRING A FRIEND PROGRAM**

This year we are pleased to offer a "Bring a Friend" Program.

As an Alumni of the College of Pharmacy, if you register a friend, who has never played in our Golf Classic before, their registration fee AND your registration fee is only \$150.00!

### **Registration Fees**

**Payment:** Cheques should be made payable to the "College of Pharmacy, Dalhousie University" and sent to the address below.

#### Registration forms may be sent to:

Email: <a href="wmandas@Dal.Ca">wmandas@Dal.Ca</a> Fax: 902-494-1396
Wanda Dundas, Administrative Coordinator, College of Pharmacy, Dalhousie University, P.O. Box 15000, 5968 College Street, Halifax, NS B3H 4R2