



WOMEN'S CHAMPIONSHIP

WCC

WOMEN IN INSURANCE
CANCER CRUSADE

2010 SIMMLANDS PRO-AM REGISTRATION

INSTRUCTIONS:

- Print this page
- Fax to 416.865-0834
- To pay by Credit Card (MC/Visa) please contact Donna Jobin directly at 416.408.5412
- Make cheque payable to Simmlands Insurance Brokers – Pro-Am

A/Team Captain

Name: First _____
Last _____

Gender: Male Female

Company: _____

Daytime Phone #: (_____) _____ - _____

E-Mail: _____

B/Player #1

Name: First _____
Last _____

Gender: Male Female

Company: _____

Daytime Phone #: (_____) _____ - _____

E-Mail: _____

C/Player #2

Name: First _____
Last _____

Gender: Male Female

Company: _____

Daytime Phone #: (_____) _____ - _____

E-Mail: _____

Once payment has been received, you will receive an e-mail confirming your attendance.

Kindest Regards,

Ashley Chinner, Pro-Am Chairman
c/o Simmlands Insurance Brokers
480 University Ave., Suite 1100
Toronto, Ontario M5G 1V2
416.408.5045
416.408.4517 (Fax)
chinnera@simmlands.com
www.simmlands.com

NUMBER		TOTAL
Golf, Lunch & Dinner (including power cart & GST)	@\$300	