

FACULTY OF HEALTH SCIENCES

Registration Form

14th Annual Medical Student Bursary Golf Tournament Friday, September 15, 2017, Smuggler's Glen Golf Course, Gananoque

Name:					
Address:					
City:	Pro	vince:	Postal Co	de:	
Telephor	e: work:		home:		
Email:					
If Queen'	s University graduate, w	hat faculty and ye	ear?		
	Fee \$275/person (include Early bird registr		everages, breakfas if received prior to	. ,	
If availab	le, I would like to play wi	th:			
OR I wou	ld like to register a fours	ome:			
Men's Te	am Women's	Team \square	Mixed Team (min.	2 women)	
Name					
Email					
Cheques ca	n be made payable to Que	•	haritable Tax Receipt	s will not be issued.	
Expiry Date	:	Name on Card:			_
Total paid:	: Signature:				_
Mail to: Fax:	Faculty of Health Sciences, Office of Advancement, Queen's University 102 Barrie Street, Kingston, ON K7L 3N6 613-533-3197				
	For more information ple Telephone: 613-533-600			x78422)	

The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The information will be used for registration of the above mentioned and for any official receipt that may be issued through Queen's University; to keep you up to date on campus happenings; for fundraising purposes and university advancement activities; and to facilitate answering any University-related questions you may have. If you have any questions please contact at number stated above.