



14th ANNUAL CHARITY GOLF CLASSIC

11:30 AM Registration
 1:00 PM Shotgun Start – Best Ball
 Reception, Dinner, Awards

Tournament Fees:

\$250 plus GST individual golfer
 \$900 plus GST registered foursome
 \$100 plus GST dinner only

Tournament Day includes:

- 18 holes at The Links of GlenEagles
- Power cart
- Snacks + 2 drink tickets
- Golfer registration package
- Luncheon & buffet dinner
- On-course activities
- Silent auction
- Raffles

For more information contact
swood@ab.pharmasave.ca or call
 Steve Wood at 403.255.5022

LIVE WELL WITH

PHARMASAVE[®]

Fantastic Hole-in-One Prizes TBA:



Closest to the Pin competition
courtesy of



LIVE WELL WITH

PHARMASAVE[®]

PHARMASAVE[®]

14th Annual Charity Golf Classic The Links of GlenEagles



100 Gleneagles Drive, Cochrane, AB
 T4C 1P5
 403.932.1100

Tuesday, June 12th, 2018

Join the **Pharmasave** team for our 14th Annual Charity Golf Classic at The Links of GlenEagles in support of Dreams Take Flight. By participating you are helping make magical memories for special children.



SPONSORSHIP OPPORTUNITIES

- Hole Sponsor \$2,000 plus GST**
- Foursome
 - Exclusive on-course hole signage
 - Recognition on golfer info sheet
 - Recognition on presentation
 - Recognition at dinner
 - Recognition and a link to your website on the Dreams Take Flight Calgary website

- Cash Donation Sponsors**
- Gold \$1,000 and more**
- Recognition on golfer info sheet
 - Recognition on presentation
 - Recognition at dinner
 - Recognition and a link to your website on the Dreams Take Flight Calgary website

- Silver \$500 - \$999**
- Recognition on golfer info sheet
 - Recognition at dinner
 - Recognition and a link to your website on the Dreams Take Flight Calgary website

- Bronze \$250 - \$499**
- Recognition on golfer info sheet



14th Annual Pharmasave Charity Golf Classic Registration

CONTACT INFORMATION

Name: _____
 Company: _____
 Address: _____
 City: _____
 Province, P. Code: _____
 Phone: _____
 Email: _____
 Dietary Restrictions: _____

GOLFERS:

Name: _____
 Name: _____
 Name: _____
 Name: _____
DINNER ONLY:
 Name: _____
 Name: _____
 Name: _____

PAYMENT METHOD:

Invoice me: _____
 Cheque - Pharmasave Drugs (Western) Ltd: _____
 Credit Card #: _____
 Expiry: _____ M/C _____ Visa _____
 Cardholder Name: _____
 Signature: _____



REGISTRATION FEES

FOURSOME	_____ X\$900	\$ _____
GOLFERS	_____ X\$250	\$ _____
DINNER ONLY	_____ X\$100	\$ _____
HOLE SPONSOR	_____ X\$2000	\$ _____
SUB TOTAL		\$ _____
GST 5% (applies to above):		\$ _____
GOLD (gst exempt)	\$1000 & up	\$ _____
SILVER (gst exempt)	\$500 - \$999	\$ _____
BRONZE (gst exempt)	\$250 - \$499	\$ _____
TOTAL:		\$ _____

Please return the completed form with payment to: Sarah Johnson
 Pharmasave Drugs (Western) Ltd.
 #203 – 7003 5th St SE,
 Calgary AB, T2H 2G2
 P. 403.255.5022 F. 403.255.5012
 E. sjohnson@ab.pharmasave.ca

Questions? Contact Steve Wood
 E. swood@ab.pharmasave.ca