



Registration Form

Musqueam Monday Golf Tour 2025

Name: _____

Golf Handicap: _____

Email: _____

Phone Number: _____

Emergency Contact Information.

Name: _____

Phone number: _____

Other players in your group:

Name: _____

Name: _____

Name: _____

Payment Information:

I have paid the registration fee through: Credit Card Debit Card In-Person Payment

Registration fee = \$100 + tax.

Register by: phone 604-266-2334

Consent for Photos on Social Media (Optional)

I consent to the use of my photos and images on Musqueam Monday Golf Tour 2025 social media pages.

• **Signature:** _____

• **Date:** _____

Acknowledgment

I Agree to the Terms & Conditions of the Musqueam Monday Golf Tour 2025.

• **Signature:** _____

• **Date:** _____

Guaranteed Tee Time option = \$20 (Available during league days.)

Tee Time: _____

Transaction #: _____ Date: _____ Processed by: _____