



PINK WARRIOR CLASSIC

PLAYER REGISTRATION FORM

North 2011 - Friday August 5th 2011

Spiritwood Golf Course – Spiritwood, SK.

This is event sells out early.

Please take time choosing your unisex sizes for best fit.



Player 1/Individual or Team Registration Information **Payment Method** Online Cheque* Credit Card
 \$ 250 per Player or \$ 1000 per Team This event sells out early.

First Name: _____ Initial: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

E-mail address: _____ Home Phone: _____ Other Phone: _____

Please indicate unisex shirt size S M L XL XXL XXXL

Team Name: _____ No rude, crude or offensive team names

Please indicate if you have cancer survivors on your team _____ Please indicate how many? _____

Office Use: Team# _____ Starting Hole # _____ Table# _____ Date Registered _____

Player 2 Information **Payment Method** Online Cheque * Credit Card
 www.pinkwarriorclassic.com

First Name: _____ Initial: _____ Last Name: _____ Player # _____

Address: _____ City: _____ Province: _____ Postal Code: _____

E-mail address: _____ Home Phone: _____ Other Phone: _____

Please indicate Unisex shirt size S M L XL XXL XXXL

Player 3 Information **Payment Method** Online Cheque * Credit Card
 www.pinkwarriorclassic.com

First Name: _____ Initial: _____ Last Name: _____ Player # _____

Address: _____ City: _____ Province: _____ Postal Code: _____

E-mail address: _____ Home Phone: _____ Other Phone: _____

Please indicate unisex shirt size S M L XL XXL XXXL

Player 4 Information **Payment Method** Online Cheque * Credit Card
 www.pinkwarriorclassic.com

First Name: _____ Initial: _____ Last Name: _____ Player # _____

Address: _____ City: _____ Province: _____ Postal Code: _____

E-mail address: _____ Home Phone: _____ Other Phone: _____

Please indicate unisex shirt size S M L XL XXL XXXL

Please charge my credit card for the individual or team indicated above;

Name as it appears on the credit card : _____ Credit Card Type: _____

Credit Card Number: _____ Expiration Date: _____

Amount to be charged to credit card: _____ Contact Phone Number: _____

* Please make cheques payable to: **Warrior Developments Ltd.**
 P.O. Box 38001 Preston Crossing Saskatoon, SK S7N 1H2
 or register online at www. Pink Warrior Classic.com