



2009 TOURNAMENT / GROUP REQUEST FORM

NAME OF TOURNAMENT _____

NAME OF ORGANIZER(S) _____

BUSINESS PHONE (_____) _____ CELL (_____) _____

FAX (_____) _____ OTHER (_____) _____

E - MAIL _____

COMPANY NAME (IF APPLICABLE) _____

MAILING / BILLING ADDRESS _____

CITY _____ PROVINCE / STATE _____ POSTAL / ZIP CODE _____

GOLF DATES IN ORDER OF PREFERENCE

DATE(S) REQUESTED	# OF FOURSOMES
_____	_____
_____	_____
_____	_____
_____	_____

ALTERNATE DATE(S)	# OF FOURSOMES
_____	_____
_____	_____
_____	_____

REQUESTED START TIME(S) / ADDITIONAL REQUIREMENTS _____

PRE GOLF C.P.G.A. CLINIC (\$3.00 Per Person or \$100.00 Minimum) YES _____ NO _____

FOOD AND BEVERAGE REQUIREMENTS

BREAKFAST or BRUNCH _____ LUNCH _____ RECEPTION _____ MEETINGS _____ BBQ BANQUET _____

ORGANIZER'S SIGNATURE  _____ DATE OF REQUEST _____

PLEASE EMAIL OR FAX ASAP
 KANANASKIS COUNTRY GOLF COURSE
 PO BOX 1710
 KANANASKIS VILLAGE AB T0L 2H0
 ATTENTION: SALES OFFICE
 FAX (403) 591 - 7072 TELEPHONE (403) 591 - 7154 EMAIL mgerald@kananaskisgolf.com