

September 12, 2025 at Lebovic Golf Club

You must use Adobe Acrobat Reader if you want to submit this form via email.

Registration

Contact Information

First Name Last Name Company/Organization Name (optional)

Email Address Phone Number Mailing Address

Registrator For

Golfer Information

*Must fill in at least 1 golfer's name and information.

First Name Level/Ability Phone Number **Email Address** Last Name

Additional Information

Please list any dietary restrictions and/or other request.

For physical form submission and cheque payment, please mail to the address listed below with attention to Carol Dowell, Charity Golf Classic.

For other form of payment, please contact:

Carol Dowell

cdowell@roseofsharon.com

289-301-9890 or 905-716-3956



York Region Rose of Sharon Services for Young Mothers

2 - 1145 Nicholson Road, Newmarket, ON L3Y 9C3

905-853-5514 ☐ information@roseofsharon.com

parentsconnect.ca math roseofsharon.com

Charitable Registration No.: 13323 5903 RR0001