

MANITOBA CHIROPRACTORS ASSOCIATION

CHARITY GOLF TOURNAMENT

Let's make this tournament a hole-in-one for a great cause!

In Support of...

***Special
Olympics
Manitoba***



**\$200* / player
\$800/team**

Registration includes buffet dinner

*a charitable donation tax receipt will be issued for \$50/player from Special Olympics Manitoba

No registrations will be accepted after June 6th

**All proceeds will help support
Special Olympic Athletes in
Manitoba**

FRIDAY,

JUNE 27, 2025

**AT QUARRY OAKS GOLF
COURSE, STEINBACH**

**Registration: 11 am
Shotgun start: 12 pm**



2025 Golf Tournament Registration Form

Get ready to tee off for a great cause!



If you are registering for a team or multiples, please complete as many sections as required. To receive a tax receipt, we do require a mailing address and email address for each player.

Player 1

Name: _____

Mailing Address: _____

Email: _____

Player 2

Name: _____

Mailing Address: _____

Email: _____

Player 3

Name: _____

Mailing Address: _____

Email: _____

Player 4

Name: _____

Mailing Address: _____

Email: _____

If you are registering a team, please complete the section below:

Team Name: _____

Team Captain: _____

Team Captain phone number: _____

PAYMENT

- By Cheque** – will be mailed or dropped off at the MCA office before registration deadlines
- By E-transfer**- please send to finance@mbchiro.org and set the password to **GOLF**. Please ensure your team's name is in the memo field if you are registering for more than one. If you have questions regarding payment, please call Sherri at the MCA office 204-942-3000.

There will be an award reception with a buffet dinner, silent auction, 50/50 and prizes following the tournament. Please indicate which golfers from this registration will be staying for the reception.

- Player 1** **Player 2** **Player 3** **Player 4**

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Do you or your team have any food allergies or dietary concerns we should be aware of?
Please provide some details to help us accommodate you:

SPECIAL OLYMPIC CHAMPION

- I am unable to attend but would like to support Special Olympics Manitoba with a gift of: \$_____

A full tax receipt will be issued for your gift. Please fill in the information below

Name: _____

Mailing Address: _____

Email: _____

For your registration to be processed the above information must be completed in full and payment must be received before the final **registration deadline of June 6, 2025.**

Completed registration forms can be emailed to finance@mbchiro.org or faxed to 204-942-3010.