

2018 GRAHAM SLAM REGISTRATION FORM



PRESENTED BY
Shaw)

GALA | Wednesday, July 11 | TCU Place | Saskatoon

6:00PM-10:00PM

GOLF | Thursday, July 12 | The Willows Golf Club | Saskatoon

VIP Breakfast & Registration	8:30AM-10:00AM
General Registration	9:30AM-10:00AM
Golf Clinic with Graham DeLaet	10:00AM-10:30AM
Shotgun Start	11:00AM-4:00PM
Cocktail Reception, Prizes, Raffle	4:30PM

Each year, the Graham and Ruby DeLaet Foundation holds their annual Graham Slam charity event in DeLaet's home province of Saskatchewan to raise funds to improve children's health and wellness and the development of junior golf across Canada.

For more information, go to www.grahamslamevent.com or contact McKenzie Clarke at mclarke@wearesbx.com

You can also register online at www.grahamslamevent.com/register/

Name: _____

Company Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone (Bus.): _____ (Cell): _____

Email: _____

Handicap: _____

Please email your completed form to McKenzie Clarke, mclarke@wearesbx.com

Sponsorship Levels

- | | |
|---|---------------------------|
| <input type="checkbox"/> Gala Presenting Sponsor | \$25,000 |
| <input type="checkbox"/> Beat the Pro Sponsor | \$10,000 |
| <input type="checkbox"/> Golf Cart Sponsor | \$5,000 |
| <input type="checkbox"/> Lunch Sponsor | \$5,000 |
| <input type="checkbox"/> Gift Bag Sponsor | \$5,000 |
| <input type="checkbox"/> Foursome Sponsor | \$2,000 x _____ (# teams) |
| <input type="checkbox"/> Gala Table Sponsor | \$1,200 |
| <input type="checkbox"/> Closest to the Pin Sponsor | \$1,000 |
| <input type="checkbox"/> Longest Drive Sponsor | \$1,000 |
| <input type="checkbox"/> Hole Sign Sponsor | \$500 |
| <input type="checkbox"/> Individual Gala Tickets | \$175 |

Registration Fees:

TOTAL PAYMENT = \$ _____

Please send my receipt by email: _____

Cheque enclosed payable to: Graham & Ruby DeLaet Foundation

Mail to: Graham & Ruby DeLaet Foundation
% Malita Wintzer
Royal Bank of Canada
202-95 King Street South, Waterloo, ON N2J 5A2

Please bill my credit card:

Mastercard # _____ Expiry: _____

American Express # _____ Expiry: _____

Visa # _____ Expiry: _____

Cardholder Name: _____ CVV: _____

Postal Code Associated with Card: _____

Player Information

Please Note: You do not need to have all of your team's names right now, these can be collected and sent to mclarke@wearesbx.com closer to the event.

TEAM NAME: _____

Player 1: _____

Email: _____

Player 2: _____

Email: _____

Player 3: _____

Email: _____

Player 4: _____

Email: _____