



**14th Annual
Tee-Off for Inclusion
Golf Tournament**
Thursday, August 26, 2021
 at
Roundel Glen Golf Course
 CFB Trenton, ON

COVID-19 Protocols will be in place.

- Masks must be worn in the Clubhouse
- Social Distancing will be encouraged at all times
- Team is required to check in 30 minutes before assigned Tee-Off time
- BBQ Lunch Pick-up at the Turn
- Steak Dinner on the patio or take-out

First Check-in is at 10:30 am

Single: \$125 Team: \$500

Registration Deadline: Aug. 21, 2021
Payment Deadline: Before Tee-Off or will not be allowed to play
Credit Card is needed to hold spot

Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Please send cheques to:
Community Living Quinte Foundation
 11 Canal Street, Trenton, Ontario K8V 4K3

To Register: Fill out this form and fax it to 613-394-0381 or e-mail it to toni.clqf@gmail.com or call Toni at 613-921-6856.

Method of Payment: Cheque Cash Credit Card: _____ VISA _____ Master Card

Credit Card: _____ **Exp:** _____ / _____ **3 Digit Security Code:** _____

Card Holder Signature _____

Tee-Off/Check-In times will be emailed to Golfer #1. Golfers must check in ½ hour before Tee-Off time.

Golfer 1.	Name: _____ Phone: _____ Address: _____ Email: _____	Lunch: <input type="checkbox"/> Burger <input type="checkbox"/> Hot Dog <input type="checkbox"/> Vegetarian Choose toppings: Mustard Relish Ketchup Mayo Cheese Onion Lettuce Tomato Dinner: <input type="checkbox"/> Steak: Rare / Med. Rare / Medium / Well Done <input type="checkbox"/> Vegetarian Lasagna
Golfer 2.	Name: _____ Phone: _____ Address: _____ Email: _____	Lunch: <input type="checkbox"/> Burger <input type="checkbox"/> Hot Dog <input type="checkbox"/> Vegetarian Choose toppings: Mustard Relish Ketchup Mayo Cheese Onion Lettuce Tomato Dinner: <input type="checkbox"/> Steak: Rare / Med. Rare / Medium / Well Done <input type="checkbox"/> Vegetarian Lasagna
Golfer 3.	Name: _____ Phone: _____ Address: _____ Email: _____	Lunch: <input type="checkbox"/> Burger <input type="checkbox"/> Hot Dog <input type="checkbox"/> Vegetarian Choose toppings: Mustard Relish Ketchup Mayo Cheese Onion Lettuce Tomato Dinner: <input type="checkbox"/> Steak: Rare / Med. Rare / Medium / Well Done <input type="checkbox"/> Vegetarian Lasagna
Golfer 4.	Name: _____ Phone: _____ Address: _____ Email: _____	Lunch: <input type="checkbox"/> Burger <input type="checkbox"/> Hot Dog <input type="checkbox"/> Vegetarian Choose toppings: Mustard Relish Ketchup Mayo Cheese Onion Lettuce Tomato Dinner: <input type="checkbox"/> Steak: Rare / Med. Rare / Medium / Well Done <input type="checkbox"/> Vegetarian Lasagna