

DENTISTS FOR KIDS AT HOLLAND BLOORVIEW

Proudly Hosted By



Friday, June 5, 2015

Tee Off at 8:00 a.m.

Angus Glen Golf Club

Tickets- \$295 +HST

*\$195 +HST for recent dental grads



**Join us for a day of golf, fun and community in support of
Holland Bloorview Kids Rehabilitation Hospital
at the prestigious Angus Glen Golf Club
on the newly renovated South Course, home of the 2015 Pan Am Games.**



Help us reach our cumulative goal of raising \$500,000 for Holland Bloorview!
Together, we can change the world for kids with disabilities.

To register online visit **tordent.com**
or see the reverse for more details.

We look forward to seeing you on June 5th!

In support of

Holland Bloorview

Kids Rehabilitation Hospital Foundation



DENTISTS FOR KIDS AT HOLLAND BLOORVIEW ANNUAL GOLF TOURNAMENT

Friday, June 5, 2015 | Angus Glen, New South Course | Tee off at 8:00 a.m.

**Proceeds donated to Holland Bloorview
Kids Rehabilitation Hospital Foundation**



Included: Breakfast, green fees, cart, lunch, giveaways, contests, silent auction. \$295 +HST/golfer. ***\$195+HST for recent dental grads**

Primary Contact : _____

Company Name (if applicable): _____

Address: _____

City: _____ Postal Code: _____ Phone: (_____) _____

Email: _____

Foursomes to be confirmed as a group: Please complete all fields and **submit by May 27th**

1. Name: **Dr.** ☐ **Mr.** ☐ **Ms.** ☐ _____
Email: _____
Dietary restrictions*: _____
Member: ☐ **Central** ☐ **East** ☐ **North** ☐ **West** ☐ **Alpha Omega**

2. Name: **Dr.** ☐ **Mr.** ☐ **Ms.** ☐ _____
Email: _____
Dietary restrictions*: _____
Member: ☐ **Central** ☐ **East** ☐ **North** ☐ **West** ☐ **Alpha Omega**

3. Name: **Dr.** ☐ **Mr.** ☐ **Ms.** ☐ _____
Email: _____
Dietary restrictions*: _____
Member: ☐ **Central** ☐ **East** ☐ **North** ☐ **West** ☐ **Alpha Omega**

4. Name: **Dr.** ☐ **Mr.** ☐ **Ms.** ☐ _____
Email: _____
Dietary restrictions*: _____
Member: ☐ **Central** ☐ **East** ☐ **North** ☐ **West** ☐ **Alpha Omega**

☐ I cannot play in this year's tournament, but wish to make a donation. Amount: \$ _____

☐ I wish to donate a prize or silent auction item: _____

Signature: _____ Date: _____

Payment Method: ☐ Visa ☐ American Express ☐ Mastercard ☐ Cheque enclosed (**payable to** The Toronto Academy of Dentistry)

Name as it Appears on Card: _____

Card Number: _____ Verification Code: _____

Expiry Date: _____ Signature: _____ Amount: _____

Biling Address: _____



Cancellations up to April 30, 2015 will receive a full refund, less a \$50 administration fee. No refunds after April 30, 2015

Sponsorship opportunities available.