

## The Marsha Morton Memorial Golf Tournament



PHONE:

Presented by the Kin Club of Orleans & District and Rhodes and Williams Insurance Brokers
In support of Cystic Fibrosis Canada

NAME:

	Please complete all information and print clearly		
Name:		Tel:	
Apt. Address:	City:	Postal Code:	
Name:		Tel:	
Apt. Address:	City:	Postal Code:	
Name:		Tel:	
Apt. Address:	City:	Postal Code:	
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Apt. Address:	City:	Postal Code:	
Name:		Tel:	
Apt. Address:	City:	Postal Code:	
RECEIPTS WILL BE PROVIDE	D FOR DONATIONS OF <b>\$20.00</b> &	OVER	

