



Wednesday, August 25, 2010
The Links at Spruce Grove



To register for The Brick MS Drive Fore A Cure, please complete and submit via fax 780.479.1001 or mail 150, 9405 50 St. Edmonton, AB T6B 2T4

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Company: _____

E-mail: _____

I give the MS Society of Canada permission to contact me by e-mail



I would like to golf with the following individuals:

Name: _____ Name: _____ Name: _____

CPGA Handicap : _____ (If you don't know put down your average score for 18 holes)

TeamMS: Create a team in 2010!
Yes, I will be participating on a team this year. (Please indicate which category)
Corporate Team
Family & Friends
*Teams must consist of 4 members or more to be part of TeamMS
My Team Captain is _____ My Team Name is _____

Registration Fee: \$100.00 (please include with registration form, this is not a donation, no receipt will be issued)

* All participants must raise a minimum of \$100 to participate (Tax receipts will be issued to donors)

Cash Credit Card Number _____

Cheque (Payable to MS Society) Expiry Date _____ Name on Card _____

The Brick MS Drive Fore A Cure Waiver Form

Must be signed by ALL participants.

In signing the release, I (we) acknowledge that I (we) understand the intent thereof, and I (we) hereby agree and absolve and hold harmless the Multiple Sclerosis Society of Canada, corporate sponsors, cooperating organizations and any other parties connected with this event in any way, singly or collectively from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in The Brick MS Drive Fore A Cure or any activities associated therewith. I (we) hereby consent to and permit emergency treatment in the event of injury or illness. I (we) also give full permission to use my name and /or photo in connection with this event.

Signature of Golfer

Date

The Multiple Sclerosis Society of Canada collects the personal information requested in this form to communicate about the MS Society and its fundraising activities. By completing this form, you consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. If you have any questions about your personal information, please contact our privacy officer at 1-800-268-7582. A copy of our privacy policy may be obtained at any MS Society office or at www.mssociety.ca.