

**ENTRY FORM**

**2017 ISPS Handa Canadian Open Blind Golf Championship**

**August 14 - 16**

**Kings Forest Golf Club**

**Hamilton, Ontario, Canada**

PLAYER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Tel No: \_\_\_\_\_

Cell No: \_\_\_\_\_ E-mail: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SHIRT SIZES: please put an x before the appropriate size:**

Player: ( ) S ( ) M ( ) L ( ) XL ( ) XXL, ( ) XXXL ( ) men's ( ) women's

Coach: ( ) S ( ) M ( ) L ( ) XL ( ) XXL ( ) XXXL ( ) men's ( ) women's

CURRENT IBGA HANDICAP: \_\_\_\_\_

(note: players participating in this tournament must have an IBGA handicap.)

**Please place an x before the appropriate selection**

SIGHT CATEGORY: ( ) B1 ( ) B2 ( ) B3

I want to play a practice round on Monday August 14 ( ) Yes ( ) No

I want to play in the Claude Pattemore Memorial Scramble on August 17  
( ) Yes ( ) No

My coach wants to play a practice round on Monday, August 14: ( ) Yes ( ) No

My coach wants to play in the Claude Pattemore Memorial Scramble on August 17  
( ) Yes ( ) No

I accept the conditions of this entry as set forth in the information letter provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The \$250 registration fee plus additional guest dinners, must accompany this form. Make checks or money orders payable to Ontario Visually Impaired Golfers in Canadian dollars.

Mail to:  
OVIG  
Glenn Babcock  
25 Lander Crescent  
Thornhill, ON, L4J 8V2  
Canada

Return this form before April 30, 2017