



CHOCOLATE MASTERS

The Eleventh Annual Lindt Chocolate Masters
Tuesday, September 19th, 2017
King Valley Golf Club

IN SUPPORT OF
SickKids

Name of Company _____ Contact Person _____

Telephone (_____) _____ Email _____

Address _____ Postal Code _____

Yes, please register _____ foursome(s) (\$2,500/foursome), includes golf and dinner

Yes, please register _____ golfer(s) (\$625/golfer), includes golf and dinner

Yes, please register _____ seat(s) for the dinner portion (\$300/person)

Regretfully will not be able to attend but please accept a donation to SickKids in the amount of \$ _____

All donations will be submitted to SickKids by Lindt on your behalf.

Payment Information:

AMEX _____ VISA _____ MC _____ CHEQUE _____ Total amount: \$ _____

Credit Card Number # _____ Expiry Date: _____ / _____

Name on the Credit Card: _____ Signature: _____

Please make cheque payable to:
Lindt and Sprüngli (Canada), Inc. (for golf fees)
SickKids Foundation (for donations)

Mail or Fax to:
Lindt and Sprüngli (Canada), Inc.
c/o Lindt Chocolate Masters
900-181 University Ave Toronto, ON M5H 3M7
Confidential Fax: 416-351-9839

