

GOLF fore the CURE™

Presented by  **SUBARU**



"One round can make a difference"

2017 SITE APPLICATION FORM

Thank you for your interest in running a Golf Fore the Cure presented by Subaru event at your golf course. Your support is greatly appreciated by Golf Canada, the Canadian Cancer Society and Subaru Canada. This form can be filled out directly on your computer. Please fill out this form, save, and email to gftc@golfcanada.ca.

If you prefer to print a hardcopy of the form and fill it out by hand, either scan and email the completed form to gftc@golfcanada.ca or fax to 905-845-7040 (Attention: GFTC). You will be contacted by Golf Fore the Cure coordinator, after receiving your application.

*Indicates required field

Event Coordinator Information

*First Name: _____

*Last Name: _____

*Email Address: _____

*Home Address: _____

*City: _____ *Province: _____

*Postal Code: _____

Preferred Phone Number: _____ (please circle one): Home Work Cell Phone

Gender: (please circle one) Female Male Date of birth: _____ (mm/dd/yyyy)

*adidas coordinator uniform size (please check beside WOMEN or MEN then select your size).

Please note uniform sizes cannot be exchanged after your kit has been shipped. For help with sizing please visit adidas.ca and enter 'sizing chart' in the search bar. Only one uniform will be provided per event.

| | | | | | | | | | | | |
|--------------|--------------|---|---|---|-----|---------------|---|---|---|----|-----|
| WOMEN | Polo: | S | M | L | XL | Skort: | S | M | L | XL | |
| MEN | Polo: | S | M | L | XXL | Short: | S | M | L | XL | XXL |

golfcanada.ca/golfforethecure

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Canadian Cancer Society
Société canadienne du cancer



*Where would you like your funds raised at your event to be allocated towards?

- National** Breast Cancer research
- Breast Cancer support services & programs in your province

Secondary Contact

(In the case that the primary contact cannot be reached during an urgent situation, the secondary contact will be contacted)

Committee Member Name: _____

Email Address: _____

Phone Number: _____

Host Club/Facility Information

*Host Golf Course/Facility: _____

*Facility Address: _____

*City: _____ *Province: _____

*Postal Code: _____ *Phone Number: _____

Website: _____

- | | | |
|--|---------------------|-------------------------------|
| *Is this a public or private club/facility? | Public | Private |
| Is this a Golf Canada Member Club? | Yes No | Not Sure |
| * Is your event open to the public or is it a private event? | Public | Private |
| What is the format of your event? | 9 holes 18 holes | Driving range/clinic Other |

*Would you like to be contacted by a local Subaru Canada representative to discuss how they can help enhance your event?

Yes, please

No, thank you

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Shipping Information

Golf Canada will ship an event kit to you 2 to 3 weeks prior to your event date. If you would like to request immediate shipping please email gftc@golfcanada.ca

Please note that kits cannot be shipped to PO Box addresses.

Please select one of the three options below:

- Please send kit to Golf Course address
- Please send kit to site coordinator home address
- Other alternative address (please fill out below)

Please note: The address provided MUST have an individual available during regular business hours (9am-5pm) who will be available to receive the delivery (Ex. Office addresses).

Address: _____ City: _____

Province: _____ Postal Code: _____

Notes: _____

Please provide the email address of the General Manager or Head Professional at your club so that you will both be notified when any packages have been shipped to your attention/ the Host Club.

General Manager Name: _____ Email: _____

Please circle what language you would like to have your event kit material sent to you in:

English French Bilingual

Event Information

*Date of the Event (Example: July 7, 2017) _____

*Number of Participants (Please give as accurate an estimation as possible) _____

Will any men be participating in your event? If yes, approximately how many do you expect? _____

(If at the time of registration you do not have an exact number of expected participants, please provide the most accurate estimated number possible and contact the Golf Fore the Cure coordinator at gftc@golfcanada.ca or 1-800-263-0009 x 495 should the number need to change.)

*Please circle one

- Yes, please post my event date, location and contact email on www.golfcanada.ca/golfforethecure.
- No thank you, I would prefer not to have my event date, location and contact email posted.

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Would you like the individuals participating in your event(s) to have the ability to register online for your event(s)?
(Recommended by Golf Canada – receive automatic tax receipts) (Please circle one) Yes No

General Information

1. How did you hear about Golf Fore the Cure?

- Participated last year
- Golf Canada's Website
- Golf Canada Mailing
- Email from Golf Canada
- Through a friend
- From your Provincial Association
- Other – please specify: _____

2. Would you like to receive the 2017 Golf Fore the Cure Planning Guide?

Yes No

3. Would you like to receive e-Golf Canada? (the official e-newsletter of Golf Canada)

Yes No

4. Are you a Golf Canada Member?

Yes No

5. If no, are you interested in learning more about a Golf Canada membership?

Yes No

6. I understand that all personal information I provide is protected under the
Golf Canada's privacy policy (available at: <http://www.golfcanada.ca/about-us/privacy-policies/>)

*7. I confirm that my event will meet the required criteria as outlined below in the **Site Eligibility Criteria** and **Terms & Conditions**.

Site Eligibility Criteria

1. Event must have a focus on women's participation
2. Must involve some aspect of participation in the game of golf – playing 9 holes, 18 holes, mini putt, driving range, skills competition etc.
3. Must agree to support and promote the national sponsors of the program in the way in which is outlined within the Golf Fore the Cure Planning Guide and ensure that there are no conflicting sponsors to the national sponsors involved in their event
4. The sole designated charity for the event must be breast cancer through the Canadian Cancer Society (and Quebec Breast Cancer Foundation in Quebec). Clubs expressing interest in supporting an element of club development through specific fundraising at their event i.e. junior girls golf programs at their club, will be taken under consideration
5. All participating sites must agree to the fund collecting method as identified within the Golf Fore the Cure Planning Guide.

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Terms & Conditions

1. I acknowledge that Golf Canada may provide my contact information to the National Golf Fore the Cure program sponsors so that they may contact me regarding their activations at my event.
2. I recognize that my event kit will be shipped from Golf Canada 2-3 weeks in advance of my event date indicated on this form.
3. I accept that if I obtain my event kit and cancel or do not perform my scheduled duties I shall be charged the full value of the items included in the event kit.
4. If for any reason a package shipped by Golf Canada or a National Program Sponsor is not received by my Host Club/Facility, the sender does not assume the cost to re-send the package.
5. I understand that Golf Canada and its National Program Sponsors are not responsible for any lost, stolen or damaged shipments.
6. I acknowledge that my image or likeness may be included in a photograph, recording, transmission or other reproduction of this event and consent to Golf Canada's use of my image and likeness in publicity for this event, programs and services offered by Golf Canada, its agents or partners, without further compensation or notice.

Signature: _____

Date: _____

Questions or Comments?

Please contact gftc@golfcanada.ca or 1-800-263-0009 x 495.

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WAYPOINT

