



**7th Annual Ship's Company Theatre Charity Golf Tournament  
Business  
Registration Form**

**Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Team Players:** 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Type of Payment** -  Cheque enclosed

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please mail or fax registration form to:  
Ship's Company Theatre  
P.O. Box 275  
Parrsboro, Nova Scotia  
B0M 1S0  
Fax: 902-254-2331

A tax deductible receipt will be issued: Registered Charity 07171652203

**Thank you for participating in our  
7th Annual Ship's Company Theatre  
Charity Golf Tournament**