





Registration Form

2024 ISPS Handa Canadian Open Blind Golf Championship
2024 Mutual Fire Insurance Western Canadian Blind Golf Championship

PLAYER INFORMATION

Name:						
Address:						
City:						
Province/State:						
Country:						
Postal/Zip Code:						
Phone Number:						
Cell:						
Email:						
Coach's Name:						
Coach's Email:						
Player Handicap:						
Cialat Cata a ann (Ciarla)	D4	D2	D.O.	D.4		
Sight Category (Circle):	BI	B2	В3	B4		
Lwich to compete in:						
I wish to compete in:	ian On	on Di	مط (حما	f Champion	chin	
☐ ISPS Handa Canad	-			•	-	NI =
Do you wish to pla	•				Yes	No
☐ Mutual Fire Insura	ince W	esterr	n Cana	aian Biind G	oir Chai	mpionsnip

CLOTHING, COACH ROUNDS

Player Shirt/Jacket Size:
☐ Female
☐ Male
Coach Shirt/Jacket Size:
☐ Female
☐ Male
Does coach wish to play in the practice round on July 7? Please include an additional \$50 with your registration fees. ☐ Yes ☐ No
Does coach wish to play in the practice round on July 10? Please include an additional \$50 with your registration fees.
☐ Yes ☐ No
☐ I agree to have my name, and the name of my coach listed on the event web site, and in any media, and also allow our images to be used, in perpetuity.
ACCOMMODATIONS
ALL accommodations are based on double occupancy, so if you are a single you may have someone rooming with you. If you wish a single room, it will be at your own expense (\$197 per night). All Extra fees must be included with your registration fees.
I/We require: 1 Double/Queen Bed 2 Double/Queen Beds

I/we require extra nights. Please provide the date of the night(s), which will be at your own expense (\$197 per night):

EXTRA MEALS, AWARDS DINNER

of you have any special dietary requirements:

Do you have any extra guests joining you and your coach at the Meet & Greet? Please provide \$35 per additional guest with your registration fees. ☐ Yes ☐ No
If yes, how many:
Do you have any extra guests joining you and your coach at the ISPS Handa Canadian Open Blind Golf Championship Awards Dinner in Kimberley, BC? Please provide \$40 per additional guest with your registration fees. ☐ Yes ☐ No If yes, how many:
Do you have any extras guests joining you and your coach at the Mutual Fire Insurance Western Canadian Blind Golf Championship Awards Dinner? Please provide \$65 per additional guest with your registration fees. □ Yes □ No If yes, how many:
Additional Extra Daily Breakfasts, for non-players and guests is \$20 per person, per day. Please provide the number of persons, and the number of days, as well as the total amount that will be included with your registration fees:
Please indicate below if you or your coach requires any special assistance or if either

TRANSPORTATION

This section must be filled out to ensure we can arrange for transportation requirements and budget for the associated cost.
I will require transportation while I'm in BC: ☐ Yes ☐ No
I am able to provide transportation: ☐ Yes ☐ No
If YES, how many people can you transport daily:
If you require transportation to and from the airport, please ensure you let us know as soon as possible what your arrival and departure dates and times are so arrangements can be made to pick you up, and drop you off at the airport. If you know your flight details, please provide below:
Arrival Details
Date:
Arrival Time:
Flight Number:
Departure Details
Date:
Arrival Time:
Flight Number:

NOTE: If you are NOT departing on the official departure day of July 13, you will be on your own to make appropriate arrangements.

CANCELLATION POLICY

Should anyone have to cancel after payment has been made, Blind Golf Canada, at its sole discretion, will determine if the cancellation is due to medical reasons or any other unforeseen circumstances beyond the registrant's control. If deemed appropriate BGC will return all fees paid. BGC reserves the right to withhold some, or all the fees paid, should BGC incur costs due to circumstances and timing.

I accept the conditions of this entry, and will provide payment accordingly.

Signature:

Date:

The cost for the events will be \$300 for each event, or \$600 depending on the number of tournaments you wish to play. Please ensure adding all extra meal payments with your registration fees.

Mail Registration Forms & Payments to:
Darren Douma
C/O Blind Golf Canada
#7 - 316 Canyon Street
Creston, British Columbia CANADA
V0B1G3

Please make all cheques payable to: Western Canadian Blind Golf Association.

Should you have any questions, please feel free to contact Darren at thedoumas71@gmail.com or at (250) 428-1807.

Return completed registration form and fees prior to March 30, 2024.

Looking forward to having you join us in July 2024!