



## 32<sup>nd</sup> Cohen Highley LLP Annual Charity Golf Tournament, in support of Community Living London Team/Player Registration Form (June 4<sup>th</sup>, 2025)

Complete and return this entry form, as soon as possible, in order to reserve a spot at this year's tournament. **Registration cut-off is Friday, May 30th, 2025, and limited to the first 144 golfers!** Payment of **\$300 per player** must be made on or in advance of this cut-off date to confirm your reservation, unless you are registering players as part of a Corporate Sponsorship. **Registrants who have fully paid by April 29th, 2025 will be eligible to win a \$200 VISA gift card in our Early Bird draw.**

Please return your completed registration form and payment (if paying by cheque) to the attention of:

Charity Golf Tournament Registration Coordinator  
Cohen Highley LLP  
255 Queens Avenue, 11th Floor  
London, ON N6A 5R8  
Email: church@cohenhighley.com

### Electronic payment options:

**Credit Card** using the "Make a One-Time Payment" option on our payment portal <https://cohenhighley.com/pay>. Enter "Charity Golf" and name of the person you're paying for in the description.

**Interac e-Transfer** using your bank's website or app by sending the payment to e-transfer@cohenhighley.com. Enter "Charity Golf" and name of the person you're paying for in your payment message.

### Player #1

Contact Name: \_\_\_\_\_ Handicap: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Province and Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Player #2 (if registering a team of 2 or more)

Contact Name: \_\_\_\_\_ Handicap: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Province and Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Player #3 (if registering a team of 3 or more)

Contact Name: \_\_\_\_\_ Handicap: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Province and Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Player #4 (if registering a full team)

Contact Name: \_\_\_\_\_ Handicap: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Province and Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_