

**LAWYER/CA GOLF TOURNAMENT 2008
REGISTRATION FORM**

This year the BC Schizophrenia Society will be the beneficiary of all proceeds raised at this tournament.

Date: Friday, May 30th, 2008
Location: Uplands Golf Club
Time: 1:30PM Shotgun start
Cost: **\$145 (Golf and Dinner with a partial donation receipt)**
\$110 (Golf Only) \$55 (Dinner Only)

Name: _____ CA ___ LAWYER ___

A) Competitive Golf Handicap ____ B) Social Golf Expected Score ____

Firm Name: _____

Telephone Number (contact person) _____

Please list the names of the other players below. Requests to play with specific individuals will be given priority, but there are no guarantees. The contact person will be informed about the tee time for the group.

2nd Name: _____ CA ___ LAWYER ___

A) Competitive Golf Handicap ____ B) Social Golf Expected Score ____

3rd Name: _____ CA ___ LAWYER ___

A) Competitive Golf Handicap ____ B) Social Golf Expected Score ____

4th Name: _____ CA ___ LAWYER ___

A) Competitive Golf Handicap ____ B) Social Golf Expected Score ____

Fax or email the **registration form no later than MAY 21, 2008** to Lynda Mason at 386-4797 or email: lmason@cpcm.ca or Richard Fyfe at 356-5111 or email: Richard.Fyfe@gov.bc.ca

PAYMENT MUST BE RECEIVED BEFORE MAY 30TH, 2008.

Please send a **cheque payable to**
THE VICTORIA C.A. ASSOCIATION to:

Lynda Mason
c/o Crawford Paterson Campbell & McNeill
400 – 1208 Wharf Street
Victoria, BC, V8W 3B9

OR

The Victoria Bar Association

c/o Michael Cooper, VBA Registrar
Thompson Cooper LLP
Court Box #118
201 – 1007 Fort St, Victoria, BC V8V 3K5