ENTRY FORM

**

The OTC welcomes you to the 3rd Annual Golf Tournament.

New \*\*\* All teams must have one girl

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|  |
| TEAM NAME: |
| **Names of Team Members:** | **Title/Position within Organization, Business or Agency and email address:** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
|  |  |  |
|  |  |  |
|  |
| TEAM CAPTAIN'S NAME: |  |
| **What is your team’s Networking Relationship to Ogemawahj Tribal Council or its Member Nations, e*.g. FN Member, Friend, Relative, Business, etc.?*** |  |
| **Mailing Address:****Phone Number:****Email address:** **Website:** |  |
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Kindly complete and send entry forms by email to Sherry Garcia at sgarcia@ogemawahj.on.ca