

CGA Ontario Sault Ste. Marie Chapter presents . . .

Annual Golf Tournament

Date and Time: Saturday, September 26, 2009 (Rain Date: September 27, 2009)
3:30 tee off
6:30 dinner

Location: Root River Golf course
Highway 17 North
Sault Ste. Marie, Ontario

Cost: \$35 per person includes golf and dinner
\$65 per couple includes golf, dinner
\$25 per person dinner or golf only

The clubhouse is licensed and a cash bar will be available.

Everyone is welcome: CGAs, students, guests, spouses, clients, etc. Experience is not necessary so please come out and enjoy the afternoon.

This event will include the following:

- 9 holes of golf with cart (Best Ball Format)
- Dinner at Barsanti's following the golf – see attached dinner menu
- Prizes

For more information please contact Sault Ste. Marie CGA Board Member - Lynn Smith at 705-759-3434 ext. 4232 or by e-mail: smithl@sah.on.ca.

Register by telephone or e-mail to Lynn Smith, CGA.

Space is limited, so please register early. Registration deadline is Tuesday, September 22, 2009.

Cheques should be made payable to: **CGA Sault Ste. Marie Chapter** and are required by registration deadline please.

Take this opportunity to meet and chat with fellow members and students.

****NEW THIS YEAR****

A coupon shall be given to each attendee at an event. The coupon will be good for one half (½) price admission to another event **IF** the attendee brings another person that has not attended a Sault Chapter event during the past year.

BARSANTI'S RESTAURANT

MENU SELECT

1ST COURSE

**Penne in Tomato Sauce (Family Style)
Garlic Toast**

2ND COURSE

Choice Entrée

**Chicken Supreme
½ Rack Barbeque Ribs
Pork or Beef
Broiled Whitefish**

Plated with Roasted Potatos and Vegetable

3RD COURSE

House Salad (Family Style)

4TH COURSE

**Lemon Tart
Coffee/Tea**

Registration Form – CGA Sault Ste. Marie Chapter

Golf Tournament

Enclosed is my cheque in the amount of \$ _____ to cover registration for _____ person (people). (Please indicate selection of entree item for the meal)

Name: _____

Address: _____

Please specify dietary restrictions: _____

Business Telephone Number: _____ Fax #: _____

Please indicate the names of other players in your group:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Send payment to:
CGA Sault Ste. Marie Chapter
PO Box 1026
Sault Ste. Marie, Ontario
P6A 5N5

You will be notified if the event has been cancelled.

Advance registration is necessary. Refunds will be issued if cancellation is made at least one week prior to the function. (where applicable).

Please make cheque payable to: CGA Sault Ste. Marie Chapter