



Canadian Paint and Coatings Association Annual Golf Tournament (formerly AQIP)

Monday, July 8, 2019
Le Blainvillier Private Golf Club
200, rue du Blainvillier, Blainville QC J7C 4X6

Brunch **9:00 a.m.**
Shotgun departure for all at **11:00 a.m.**
Supper **5:45 – 8:00 p.m.**

**Electric golf carts included in the price
Brunch and supper included (but wine not included)**

**All registrations must be paid
prior to June 28, 2019**

Participation Information

Each form needs to be completed by the individual or organizational lead participating in the tournament. Select your Tournament Package from the options below. Prices include all applicable taxes. Please make all cheques payable to the Canadian Paint and Coatings Association. **Note all registrations are non-refundable.**

| | | | | | |
|---|---|--|--|--|--|
| <p>Full Member Package</p> <p>\$860</p> <p><input type="checkbox"/> Select</p> | <p>Full Non-Member Package</p> <p>\$960</p> <p><input type="checkbox"/> Select</p> | <p>Full Individual Member Package</p> <p>\$215</p> <p><input type="checkbox"/> Select</p> | <p>Full Individual Non-Member Package</p> <p>\$240</p> <p><input type="checkbox"/> Select</p> | <p>Supper only Member</p> <p>\$ 85</p> <p><input type="checkbox"/> Select</p> | <p>Supper only Non-Member</p> <p>\$ 95</p> <p><input type="checkbox"/> Select</p> |
|---|---|--|--|--|--|

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|---------|-------|---------|------------------|-------------------|
| Name | Title | Company | | |
| Address | | City | Province State | Postal Code Zip |
| Phone | | E-mail | | |

Payment Confirmation

Please send your fully completed form and detailed list of team members in your golf foursome including first and last names, company name and email address.

CPCA Annual Golf Tournament

ATTN: Lysane Lavoie

7- 625 rue Guy Street, Montreal QC H3J 2V5

Tel: 514.680.7083

Email: llavoie@canpaint.com

Event Information & Inquiries

For all Tournament information

please contact Lysane Lavoie:

llavoie@canpaint.com

Sponsorship Opportunities

If your organization would like to Sponsor this event please select which option and the amount you wish to donate below.

**Money Contribution,
Gift Certificate:**

\$

**Sponsoring of Hole
or Par Three:**

\$

**Sponsoring of
The Longest Hole:**

\$

We look forward to you joining us this year. Thank you.



Golf Foursome Team Members

Indicate below the names and contact information including first and last name, company name, of those participating in your golf foursome team(s).

| TEAM NO. 1 | | |
|------------|--------------|-------|
| NAME | COMPANY NAME | EMAIL |
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| TEAM NO. 2 | | |
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| NAME | COMPANY NAME | EMAIL |
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| TEAM NO. 3 | | |
|------------|--------------|-------|
| NAME | COMPANY NAME | EMAIL |
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| TEAM NO. 4 | | |
|------------|--------------|-------|
| NAME | COMPANY NAME | EMAIL |
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| TEAM NO. 5 | | |
|------------|--------------|-------|
| NAME | COMPANY NAME | EMAIL |
| | | |
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