

Join Us For The

1ST ANNUAL

Abriohealth

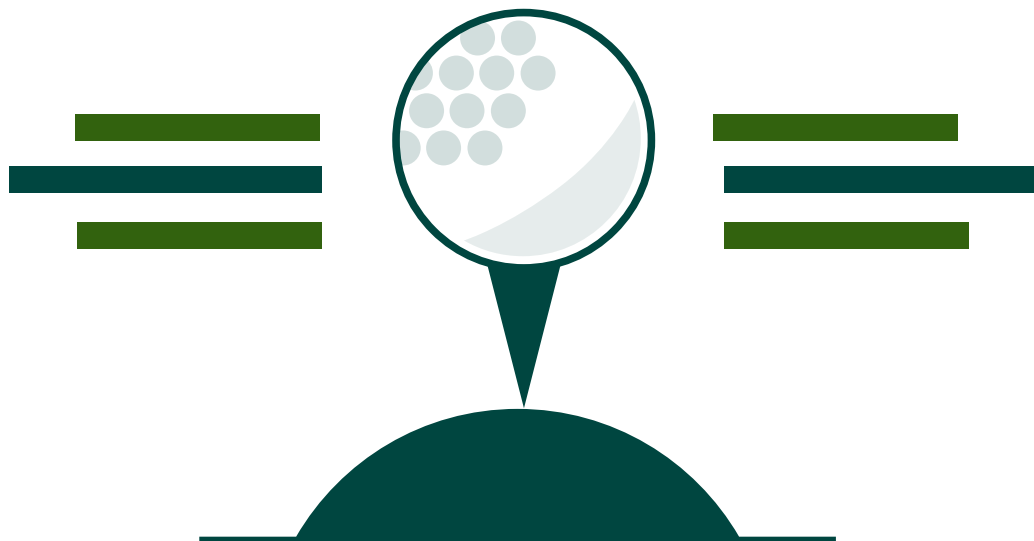
GOLF CLASSIC

Brought To You By



Friday September 13, 2019

Apple Creek Golf Course



# Abriohealth

## Not Your Average Golf Tournament

There's something different happening in Airdrie. A fresh, vigorous energy is sweeping over the Prairie like a spring breeze, stirring up the old and the new as it rushes into the heart of our community. Drawing strength from our pioneer roots, our community is blazing a trail to a place where everyone has an opportunity to flourish and grow – a movement we call Abrio.

Abrio is where “healthy” means more than our physical wellbeing. It extends to our minds, spirits, and our environment, too. It's where opportunities for fulfillment, activity, and connection happen naturally within our daily lives. Where people, resources, and services connect in a jumble of life, giving us the tools to create our own version of health and happiness. And as we thrive, so does our city, making Airdrie Canada's Healthiest Community.

Abriohealth is a non-profit community organization supporting the community on a movement, journey to healthier choices for the past 3 years.

## **Help Us Make Airdrie Canada's Healthiest Community**

**Friday September 13, 2019  
at Apple Creek Golf Course**

**Golf & Dinner Tickets - \$150  
Dinner Tickets - \$50**



8:00 AM  
Registration

9:00 AM  
Shot Gun Start

2:00 PM  
Dinner,  
Awards  
&  
Silent Auction





## Credit Card Authorization Form

Credit Card Type: (please circle one)

Mastercard

Visa

AMEX

Cardholder Name: (as shown on card) \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Charge Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please forward all forms, questions or concerns regarding the 2019 Annual Abriohealth Golf Classic to Stacey Lush at (403) 960-0600 ext 602 or email: [Stacey.Lush@aaahc.ca](mailto:Stacey.Lush@aaahc.ca)**

## Golfer Registration Form

Player One:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Mailing Address:

\_\_\_\_\_  
City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Paid by: Cash      Cheque      Credit Card Form Attached

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Player Two:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Mailing Address:

\_\_\_\_\_  
City & Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Paid by: Cash      Cheque      Credit Card Form Attached

## Golfer Registration Form

Player Three:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Mailing Address:

\_\_\_\_\_  
City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Paid by: Cash      Cheque      Credit Card Form Attached

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Player Four:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Mailing Address:

\_\_\_\_\_  
City & Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Paid by: Cash      Cheque      Credit Card Form Attached