



## COUNTRY CLASSIC

# QUALIFIER APPLICATION FORM

Seaforth Golf Club

### CONTACT INFORMATION

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_  
STREET APT. NO.

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### QUALIFIER INFORMATION

First name for scoreboards and results (if different from above): \_\_\_\_\_

Status:  Pro  Amateur

Are you a former member of the Canadian Tour?  No  Yes, Last Year of Membership: \_\_\_\_\_

Have you previously entered a Canadian Tour Q-School?  No  Yes, Last Year Entered: \_\_\_\_\_

How did you hear about the Canadian Tour:  Internet  GolfWeek

Friend  Other: \_\_\_\_\_

### PAYMENT

Payment and enclosures to be received with this entry form: Cashier's cheque, VISA, MasterCard, Internation Draft, Cash, or Money Order in the amount of \_\_\_\_\_ in Canadian funds. Credit cards will be processed in Canadian funds.

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Send (or fax if payment is by credit card) payment and enclosures to:

#### Seaforth Country Classic

Box 997  
Seaforth, ON N0K 1W0  
Fax: 519-522-0122

You can also complete the form online at  
[www.seaforthcountryclassic.com](http://www.seaforthcountryclassic.com)

