



CHARTERED PROFESSIONAL ACCOUNTANTS'  
EDUCATION FOUNDATION OF NEWFOUNDLAND AND LABRADOR, INC.

**Friday, October 4 @ 2pm**  
**RE/MAX Centre, 135 Mayor Avenue**  
**Teams of Four**  
**\$100 per person** (includes \$75 tax receipt)

**TEAM NAME** \_\_\_\_\_

**TEAM MANAGER**

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

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

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

**TEAM LIST**

Name	Email

**PAYMENT INFORMATION**

Do you require a tax receipt? Yes  No

If paying all together please fill out the invoice information below, otherwise players will be invoiced individually.

Name to appear on invoice: \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**Please send completed form to [mbrown@cpanl.ca](mailto:mbrown@cpanl.ca) by Friday, September 20, 2024**