

**Golfer #3**

Name \_\_\_\_\_

Address \_\_\_\_\_

City & PC \_\_\_\_\_

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

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

\$135per golfer  \$90 student Cheque  CC

\* I would like to add a donation to PCL \$ \_\_\_\_\_

Total \_\_\_\_\_

Visa/MC/Amex \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

All registrations must be paid in full by June 7, 2012.

**Golfer #4**

Name \_\_\_\_\_

Address \_\_\_\_\_

City & PC \_\_\_\_\_

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

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

\$135per golfer  \$90 student Cheque  CC

\* I would like to add a donation to PCL \$ \_\_\_\_\_

Total \_\_\_\_\_

Visa/MC/Amex \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

All registrations must be paid in full by June 7, 2012.

Send completed registrations to:  
Parents for Community Living  
30 Dupont St. E. Unit L2.

Waterloo ON N2J2G9

Phone: 519-742-5849 Fax: 519-742-1060

E-mail: [donna@pclkw.org](mailto:donna@pclkw.org)

Cheques to : Parents For Community Living



**Golf Registration of \$135**

**Includes:**

- \* Green Fees \* Golf Cart
- \* Lunch at registration
- \* Excellent dinner
- \* Silent Auction
- \* Raffles, Draws & Prizes!!

**Registration & Lunch:  
11:30-12:45**

**Tee Offs Start at:  
1:00 p.m.**

**Thursday, June 21, 2012**

\* Student Rate: \$90



**All registrations must be paid in full by June 7, 2012.**

**Credit card registrations accepted over the phone by calling the PCL office at**

**519-742-5849.**

7t

To

J

Con

C

400

Con

11

# What is PCL?

*Conceived by a group of visionary parents of developmentally challenged individuals, Parents for Community Living provides respite and residential supports to children and adults with a developmental disability.*

*PCL has been operating since 1988 and currently supports 33 individuals in nine homes.*

*PCL also provides respite supports to over 60 children and adults.*

***Can't play,***

***but still want to support?***

***Purchase tickets for dinner by June 14th***

***\$35 for dinner at 6:00 pm***

***Limited number available***

***Call Donna at the PCL office (519-742-5849)  
or email: [donna@pclkw.org](mailto:donna@pclkw.org) to reserve your ticket.***

ALL  
PROCEEDS  
FROM THIS  
TOURNAMENT  
WILL GO  
TOWARD  
CAPITAL  
PROJECTS  
AND  
SPECIAL  
NEEDS

*Your involvement enables PCL to continue to meet the needs of developmentally challenged individuals in our community.*

*Thank you for your support!*

## **PCL MISSION STATEMENT**

To enhance the quality of life of individuals with developmental disabilities by providing services and family-like homes in our community.

*It is important*

*Individual g*

**Golfer #1**

Name \_\_\_\_\_

Address \_\_\_\_\_

City & PC \_\_\_\_\_

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

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

\$135per go

\* I would li

Total \_\_\_\_\_

Visa/MC/Ame

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

All registrati

.....

**Golfer #2**

Name \_\_\_\_\_

Address \_\_\_\_\_

City & PC \_\_\_\_\_

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

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

\$135per go

\* I would li

Total \_\_\_\_\_

Visa/MC/Ame

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

All registrati

\*(Tax-deductibl