



CCMPA Annual General Meeting & Golf Tournament WHITE OAKS RESORT

GRAND NIAGARA GOLF CLUB

**THURSDAY,
SEPTEMBER
13TH 2018**



 DISASTER RESILIENT	 LIFECYCLE ANALYSIS	 MOLD REPELLENT	 BUILDER/DEVELOPER SAVINGS	 OCCUPANT SAVINGS	 ENVIRONMENTALLY FRIENDLY
 FIRE RETARDANT	 INSECT RESISTANT	 INSURANCE REDUCTION	 INTRUSION PROOF	 SOUND REDUCTION	 FLEXIBLE DESIGN



White Oaks Resort & Spa
 253 TAYLOR ROAD
 NIAGARA-ON-THE-LAKE, ON
 L0S 1J0

Attendees are responsible for making their own reservations at the hotel.

Please call the resort at:

1-800-263-5766 and indicate you are with CCMPA

Please note that no deposit or payment is to be made by you for the hotel room except for incidentals

OPTIONS

- GOLF & DINNER
\$375.00 + HST
- ONE NIGHT STAY, GOLF & DINNER
\$650.00 +HST
- DINNER ONLY
\$115.00 +HST
- Hole Sponsorship
\$250.00 no taxes

Register prior to August 13th 2018 otherwise prices increase by \$50.00 per person

THE CLASSIC GOLF TOURNAMENT presenting
THE JOHN GRIMO CUP

Thursday, September 13th 2018 1:00pm
GOLF FORMAT – BEST BALL

Your fee includes:

- One round of Golf
- Golf Cart
- Sponsored beverage cart
- Longest drive \$ Closest to the Pin Competitions
- Driving Range
- Putting Green
- Dinner at the Resort

PAYMENT

Payment Total \$-----

- Cheque
- Visa
- MasterCard
- AMEX

Credit Card Number

Expiry Date-----

Name on Card-----

Signature-----

SCHEDULE THURSDAY, SEPTEMBER 13TH 2018

Breakfast	8:00am
Meeting (AGM)	8:30am
Bus Transfer	12:00pm
Golf Start	1:00pm
Cocktail Reception	6:30pm
Dinner	7:30pm
Post Reception	10:00pm

CHARITIES

benefiting this year TBA

To register email form to:
 CCMPA
 Marina de Souza
 1500 Avenue Road,
 P.O. Box 1345
 Toronto, ON M5M 3X0

Phone: 416-495-7497
 Fax: 416-495-8939
mdesouza@ccmpa.ca

ATTENDEES

Sign up prior to August 13th 2018
and save \$50.00 per person on
listed prices above.

1. Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

2. Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

3. Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

4. Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

PAYMENT TOTAL \$ _____

Credit Card

Credit Card Number:

Expiry Date: _____

Name on Card: _____

Signature: _____

CC processed by Dixon Gordon
LLP

CHEQUE

Payable to Canadian Concrete
Masonry Producers Association

1500 Avenue Road

P. O. Box 1345

Toronto, ON M5M 3X0