

## JOIN US!

DATE: Wednesday, July 16th, 2025

LOCATION: Spring Lakes Golf Club

4962 Stouffville Rd., Whitchurch-Stouffville

PROCEEDS: Chabad Lubavitch of Markham

AGENDA: Registration: 8:00 am - 8:45 am

**Lucky Draw Tickets Available** 

Drive to Starting Hole: 8:45 am - 8:55 am

Shotgun Start: 9:00 am sharp

Brunch/Lunch & Prizes: From 12pm

Driving Range Available Breakfast Box on Arrival Skills Contest on Course ENTRY FEE: \$ 180/per player.

TAXRECEIPTS: Tax receipts will be issued for a

portion of the entry fee and will be issued at the end of the year.

Dress: Golf attire.

Note: Soft spikes are required.



## MAKING A DIFFERENCE 365 DAYS A YEAR...

### ...WITH OUR YOUTH

Schools, camps and innovative programs for students of all ages, regardless of ability to pay. Ensuring that the future of our precious heritage is in good hands.

### ...WITH IMMIGRANT SUPPORT

Personal counselling to assist with housing employment, furniture and food. Helping to welcome and integrate immigrants into our community.

## ...WITH COMFORT FOR THE SICK

Visits, meals and spiritual comfort for the sick and their families. Helping to heal through hope and friendship in times of need.

## ...WITH AID FOR THE NEEDY

Fund raising, clothing and food drives for food banks and shelters. Sharing our blessings with the poor and the abused.

## ...WITH OUR SYNAGOGUE AND COMMUNITY CENTRE

Regular services and vibrant, ongoing, formal and informal Adult Education programs. The centre at 83 Green Lane, Thornhill is open to all. Sanctuary, library, main hall, and classrooms with play area. For over 36 years, nurturing and nourishing the spiritual needs of the whole community.

Chabad Lubavitch of Markham is the only community outreach organization of its kind in Northeastern Toronto. Currently, our programs reach over 5,000 families.



With your contribution, we will continue to grow from strength to strength.



# Only 36 spots are available Please fax or email through your registration today!

## EARLY BIRD REGISTRATION

| <b>A: For Players:</b> □ Yes, I'd love                        | to attend           |              |
|---|---------------------|--------------|
| Cost: \$180   |                     |              |
| LIST ONE PERSON WITH WHOM YO (We will do our best to accommod |                     |              |
| B: My contact information is:                                 |                     |              |
| Name:   |                     |              |
| Address:  | City:               | Postal Code: |
| Phone #:E-mail:   | :                   |              |
| C: Please bill my: 🗆 VISA                                     | <b>□</b> Mastercard |              |
| Card #:   |                     |              |
| FXP#· CVV#· Am  | ount·\$             |              |

Please fax or email the complete form to: Esther Alexander Fax: (905)886-0421 or Email: esther@chabadmarkham.org

NOTE: For sponsorship enquiries, please call (905) 886-0420 ext. 222