

TOSS for the CAUSE



**SATURDAY
MAY 23, 2026
10 AM - 4 PM**



**CAMPBELLFORD
CURLING CLUB**

\$120 per team of 2 players or **\$60** per individual player. Each paid player receives a **\$30** charitable donation receipt, plus 3 guaranteed cornhole GAMES, catered lunch, snacks, and opportunity to win CASH prizes! This is an Age of Majority event.

Cornhole Team Registration

Team Members	Mailing Address	Email Address	Phone No.

- **Entry Fee:** **\$120** per team of 2 players or **\$60** per individual player
- Entries will be accepted in order of receipt of registration form and payment
- Guaranteed three (3) games per team
- Two Draws (**10:00 a.m. & 11:15 a.m.**) register early to secure the time you wish! - this event sells out fast
- Entry Fee and Registration Form must be returned by **May 9, 2026**, to secure your spot

If you have **dietary restrictions, please outline needs** _____

Method of Payment

\$

Payment Amount

VISA MASTERCARD Card Number: _____ Expiry Date: _____ CVC#: _____

e-TRANSFER: **foundation@cmh.ca** CHEQUE [Cheques payable to the Campbellford Memorial Hospital Foundation.]

I, the undersigned, hereby submit my **Registration** form for the **Toss for the Cause Cornhole Tournament** event, to be held on **Saturday, May 23, 2026**. **Charitable Registration Number: 118826650RR0001**

Name: _____ Signature: _____ Date: _____

Please forward this form by email to **sgottschalk@cmh.ca** or mail this form and cheque to **Campbellford Memorial Hospital Foundation at 146 Oliver Rd, Campbellford, ON K0L 1L0**.

Email completed form to sgottschalk@cmh.ca. For more info contact (705) 653-1140, ext. 2345.



**Campbellford Memorial
Hospital Foundation**