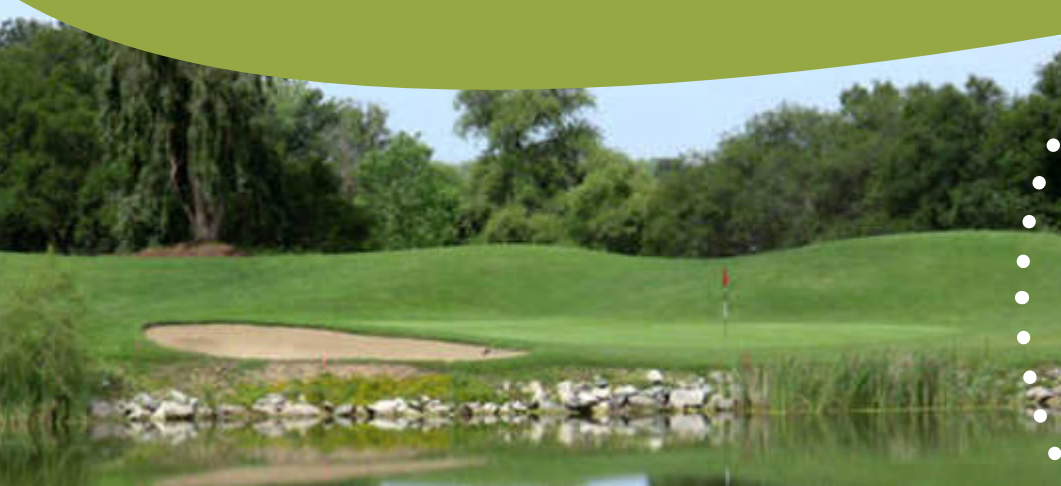




Annual Northeastern Chapter Golf Tournament

Turkey Creek Golf Course
1525 Highway 193 | Lincoln, CA

JUNE 2, 2017





Friday, June 2nd Tournament INFORMATION



Time & Place

Turkey Creek Golf Course
1525 Highway 193
Lincoln, California 95648

at samantha.crossson@patcraft.com or (530) 307-1519; Annette Sullivan at annette.sullivan@atirestoration.com or (916) 838-2386; or, the CSHE office at jjones@calhospital.org.

9:00 AM — Registration and
Putting Contest

10:30 AM — Shotgun Start

Fees & Format

\$150 per player
\$600 per foursome

(Includes boxed lunch, BBQ
dinner, green fees and one
raffle ticket.)

Notes

Participants must observe the following rules: 1) soft spike golf shoes only are allowed on the golf course and driving range; 2) observe dress code: jogging apparel or 'cut-offs' of any kind are not allowed. Collared shirts are encouraged, but not required; and 3) adhere to rules of the course and golf carts.

Contests

- Longest Drive
- Putting Green
- Closest to the Pin

Questions

If you have any questions,
contact Samantha Crosson

Registration

Complete registration form and forward payment (Visa, MasterCard & AMEX) to jjones@calhospital.org. You may also register online at <http://cshe.org/Events/GolfTournaments.aspx>.

Make checks payable to:

CSHE, Attn: Joyce Jones
1215 K Street, Suite 800
Sacramento, CA 95814

Open to All

All CSHE sanctioned events are open to all CSHE members, including facility, affiliate, retired and student. The cost to attend the event shall be set for each class of membership. Pricing may vary between each class of membership.

Cancellation

Cancellations must be in writing and faxed to (916) 552-7617 or emailed to jjones@calhospital.org prior to May 18, 2017. A \$45 non-refundable processing fee will be charged. Cancellations and non-attending registrants after May 18 will be responsible for the full registration fee. Substitutions are encouraged.

Waiting List

When an event has reached the approved capacity, no more registrations can be accepted. However, a waiting list will be established on a first-come-first-served basis. Preference will be given to facility members first, and then affiliates.

Annual Northeastern Chapter Tournament REGISTRATION FORM

Yes, I want to participate!

Full Name:

Cell Phone:

Company:

Email:

Yes, I want to sponsor the tournament!

Please list your company name as it will be displayed on signage. Email your logo to jjones@calhospital.org. Questions: (916) 552-7639

Sponsorship Name:

- Master Sponsor (2 maximum) — \$2,000
- Tee Sponsors (maximum 18) — \$250
- Table/Hole Sponsor (6 w/alcohol) — \$500
- Table/Hole Sponsor (12) — \$400
- Food Sponsor (2 maximum) — \$1,000

- Longest Drive Sponsor — \$250
- Driving Range Sponsor — \$500
- Putting Green Sponsor — \$500
- Closest to the Pin Sponsor — \$250
- Golf Cart Sponsor — \$400

Yes, I want to register to golf!

\$150 per player or \$600 per foursome.

Golfer #1:

Cell Phone:

Golfer #2:

Cell Phone:

Golfer #3:

Cell Phone:

Golfer #4:

Cell Phone:

Company:

Email:

Company:

Email:

Company:

Email:

Company:

Email:

Make checks payable to CSHE and send, along with completed registration form, to: CSHE, Attn: Joyce Jones, 1215 K Street, Suite 800, Sacramento, CA 95814. For credit cards, please provide the following information and email to jjones@calhospital.org.

VISA Credit Card Number: Expiration Date:

MasterCard 3-Digit Code / 4-Digit Code for AMEX: Zip Code: Amount Authorized: \$.00

AMEX Email Receipt Required? Email: