



## 5<sup>th</sup> ANNUAL CSHE SAN FRANCISCO CHAPTER GOLF TOURNAMENT

**WHERE:**

Blackhawk Country Club



599 Blackhawk Club Drive, Danville, CA 94506  
925-736-6500      [www.blackhawkcc.org](http://www.blackhawkcc.org)

**WHEN:**

Monday, July 24, 2017  
7:30 AM – Registration  
8:00 AM – Putting Contest  
9:00 AM – Shotgun Start  
2:30 PM – Lunch/Meeting/Raffle

**COST:**

**\$ 160 per player/\$640 per foursome**  
**\$ 100 per player/\$400 per foursome \*\***  
(\* \*\* Facility Personnel pricing – must provide name and facility with registration form to receive discount)

**INCLUDES:**

Green fees, shared cart, continental breakfast, barbecue buffet lunch

**FORMAT:**

Four person scramble

**CONTESTS:**

Men's and Women's Longest Drive, 50/50, Closest to the Pin and Putting Contest

**REGISTRATION:**

Complete registration form and forward payment no later than **July 7, 2017**.  
Checks payable to: CSHE  
CSHE accepts Visa, MasterCard or American Express  
**See payment instructions on registration form below**  
**Cancellations** must be in writing. faxed to (916) 552-7617 or emailed to [jjones@calhospital.org](mailto:jjones@calhospital.org) prior to **July 7, 2017**. A \$45 non-refundable processing fee will be charged. Cancellations and non-attending registrants after **July 7** will be responsible for the full registration fee. Substitutions are encouraged and will be allowed up to the event date.

**NOTES:**

Country Club Attire, **No Denim**, Collared shirts required. Soft spikes only.  
Reserve clubs @ [www.blackhawkcc.org](http://www.blackhawkcc.org); Weather may cause cancellation.

**QUESTIONS/INFO:**

If you have any questions, please contact:  
Jodi Clem      E: [jodic@prevent-lss.com](mailto:jodic@prevent-lss.com)      P: (925) 570-5183  
Joyce Jones      E: [jjones@calhospital.org](mailto:jjones@calhospital.org)      P: (916) 552-7639

# 5<sup>th</sup> ANNUAL CSHE SAN FRANCISCO CHAPTER GOLF TOURNAMENT REGISTRATION FORM

## Registration

Name: \_\_\_\_\_

Company/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- ❖ Sponsorships Available
- ❖ Raffle Prizes Appreciated
- ❖ Put your swag in the Bag!

### I would like to donate:

\_\_\_ A Raffle Prize \_\_\_ An item for the goodie Bags (150 count)

Item(s): \_\_\_\_\_  
Please drop off items by July 14<sup>th</sup>. Contact [jodic@prevent-lss.com](mailto:jodic@prevent-lss.com) for details.

\_\_\_ **I/We will play golf:** Please Indicate Participation Level \_\_\_ **(Foursome) \$ 640** \_\_\_ **(Individual) \$ 160**

**\*Engineering/Facilities Incentive** (for current Healthcare Engineering/Facilities employees):

\_\_\_ **I/We will play golf:** Please Indicate participation level \_\_\_ **(Foursome) \$ 400** \_\_\_ **(Individual) \$ 100**

## Player Registration

Golfer #1: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #2: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #3: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #4: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If paying by credit card, please provide the following information: \_\_\_ VISA \_\_\_ MasterCard \_\_\_ American Express

Name on card: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 digit Security Code: \_\_\_\_\_

**Please return form with payment to California Society of Engineers (CSHE), by July 7, 2017**

**Mail to:** 1215 K Street, Suite 800, Sacramento, CA 95814-3946 Phone: (916) 552-7639

**Email to:** Beth Demeter [demeterb@calhospital.org](mailto:demeterb@calhospital.org) **Online:** Register online at: [www.cshe.org](http://www.cshe.org)