



California Society *for*  
Healthcare Engineering, Inc.



3<sup>rd</sup> Annual Inland Empire

# GOLF TOURNAMENT

October 9, 2018

**Hidden Valley Golf Club**

10 Clubhouse Drive, Norco, CA 92860



3<sup>rd</sup> Annual Inland Empire

# GOLF TOURNAMENT

## Tournament Information

### TIME & PLACE

Hidden Valley Golf Club  
10 Clubhouse Drive  
Norco, CA 92860

9:00 AM — Registration and Box Lunch

10:00 AM — Shotgun Start

### FEES & FORMAT

\$150 per player  
\$600 per foursome

(Includes boxed lunch, green fee, dinner, and one door prize ticket.)

### CONTESTS

- Longest Drive
- Putting Green
- Closest to the Pin

### QUESTIONS

If you have any questions, contact Dan Mares at [dmares@sgmh.org](mailto:dmares@sgmh.org), or the CSHE office at [jjones@calhospital.org](mailto:jjones@calhospital.org).

### NOTES

Participants must observe the following rules:  
1) soft spike golf shoes only are allowed on the golf course; and 2) observe dress code: must have collared shirts (polo, etc.) and no denim jeans, slacks or shorts.

### DOOR PRIZES

No raffle tickets will be sold. Door prizes are encouraged and all tournament participants will have an equal opportunity to win.

### REGISTRATION

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

Please note that online registrations will receive priority to those received by other means (email, mail, fax).

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](mailto:jjones@calhospital.org) prior to September 25, 2018. A \$45 non-refundable processing fee will be charged.

Cancellations and non-attending registrants after September 25 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.



### MORE INFORMATION

Dan Mares | [dmares@sgmh.org](mailto:dmares@sgmh.org)

Joyce Jones | [jjones@calhospital.org](mailto:jjones@calhospital.org) | (916) 552-7639



3<sup>rd</sup> Annual Inland Empire

# GOLF TOURNAMENT

## Sponsorship Opportunities

### MASTER SPONSOR

1 available

**\$2,000**

- Signage at Tournament, including Banner and Tee sign
- Foursome in Tournament
- Option for Sponsor Table at Hole
- Special Recognition at Shotgun Start and Banquet
- Recognition in Tournament Program

### FOOD SPONSOR

1 available

**\$1,000**

- Signage at Tournament
- Recognition at Banquet
- Recognition in Tournament Program

### TABLE/HOLE SPONSOR - WITH ALCOHOL

3 available

**\$500**

- Table with Signage and Company Logo at One of the Holes
- Recognition in Tournament Program
- Ability to serve alcohol. Sponsor supplies alcohol, which must be bought from the course. Alcohol arrangements should be made with Jordan McDonald, at Hidden Valley Golf Club, 951-737-1010 or [Jordan@HiddenValleyGolf.com](mailto:Jordan@HiddenValleyGolf.com).
- Course will provide table, chair and ice

### TABLE/HOLE SPONSOR

6 available

**\$400**

- Table with Signage and Company Logo at One of the Holes
- Recognition in Tournament Program
- Not able to serve alcohol
- Will need to bring your own table, chair and canopy (if desired)

### GOLF CART SPONSOR

1 available

**\$400**

- Signage with Company Logo in all Golf Carts
- Recognition in Tournament Program

### TEE SPONSOR

18 available

**\$250**

- Tee Sign and Recognition in Tournament Program

### PUTTING GREEN SPONSOR

1 available

**\$500**

- Recognition in Tournament Program

### LONGEST DRIVE SPONSOR

1 available

**\$250**

- Recognition in Tournament Program

### CLOSEST TO THE PIN SPONSOR

1 available

**\$250**

- Recognition in Tournament Program



## MORE INFORMATION

Dan Mares | [dmares@sgmh.org](mailto:dmares@sgmh.org)

Joyce Jones | [jjones@calhospital.org](mailto:jjones@calhospital.org) | (916) 552-7639



3<sup>rd</sup> Annual Inland Empire

# GOLF TOURNAMENT

## Registration & Sponsorship

### ✓ Yes, I want to participate!

Full Name:	Company:
Cell Phone:	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](mailto:jjones@calhospital.org).

Please note that online registrations will receive priority to those received by other means (email, mail, fax). To request or confirm availability for these sponsorship opportunities please contact Joyce Jones at [jjones@calhospital.org](mailto:jjones@calhospital.org).

Sponsorship Name:
-------------------

- |  |   |
|--|---|
| <input type="checkbox"/> Master Sponsor (1 maximum)— \$2,000       | <input type="checkbox"/> Putting Green Sponsor — \$500      |
| <input type="checkbox"/> Food Sponsor (1) — \$1,000                | <input type="checkbox"/> Longest Drive Sponsor — \$250      |
| <input type="checkbox"/> Table/Hole Sponsors (3 w/alcohol) — \$500 | <input type="checkbox"/> Closest to the Pin Sponsor — \$250 |
| <input type="checkbox"/> Table/Hole Sponsor (6) — \$400            | <input type="checkbox"/> Tee Sponsors (18) — \$250          |
| <input type="checkbox"/> Golf Cart Sponsorship — \$400             |   |

### ✓ Yes, I want to register to golf!

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

Golfer #1:	Company:
Cell Phone:	Email:
Golfer #2:	Company:
Cell Phone:	Email:
Golfer #3:	Company:
Cell Phone:	Email:
Golfer #4:	Company:
Cell Phone:	Email:

You may also register online at <http://cshe.org/Events/GolfTournaments.aspx>.

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](mailto:jjones@calhospital.org).

VISA       MasterCard       AMEX

<input type="checkbox"/> Email Receipt Required?	Email:
--	--------

Credit Card Number:	3-Digit Code / 4-Digit Code for AMEX
---------------------	---

Expiration Date:	Zip Code:	Amount Authorized:      \$      .00
------------------	-----------	-------------------------------------

Event Code: IEGOLF-18