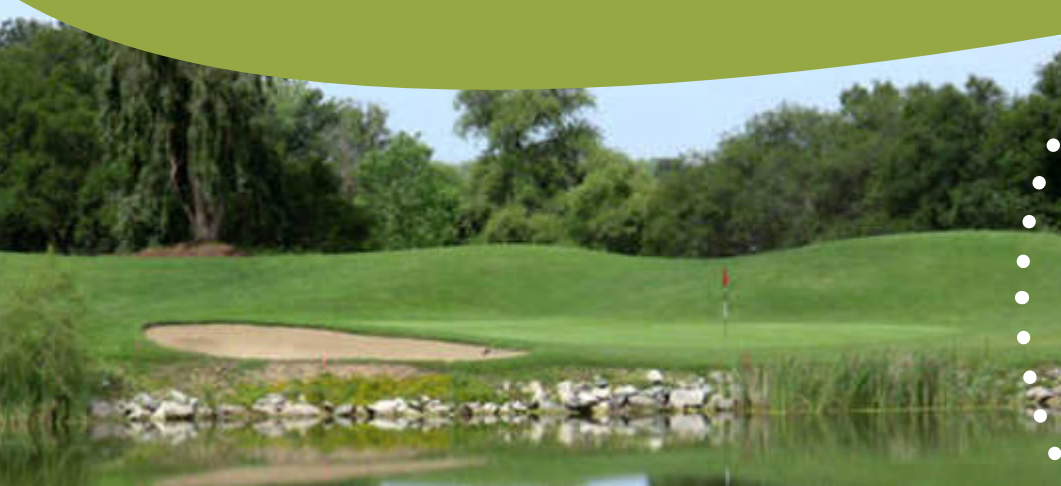




# Annual Northeastern Chapter Golf Tournament

Turkey Creek Golf Course  
1525 Highway 193 | Lincoln, CA

JUNE 8, 2018





# Friday, June 8<sup>th</sup> Tournament INFORMATION



## Time & Place

**Turkey Creek Golf Course**  
1525 Highway 193  
Lincoln, California 95648

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.)

## Contests

- Longest Drive
- Putting Green
- Closest to the Pin

## Questions

If you have any questions, contact  
Annette Sullivan at [annette.sullivan@atirestoration.com](mailto:annette.sullivan@atirestoration.com) or  
(916) 838-2386; or, the CSHE  
office at [jjones@calhospital.org](mailto:jjones@calhospital.org) or  
(916) 552-7639.

## 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.

## 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>.

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 May 17, 2018. A \$45  
non-refundable processing fee will be  
charged. Cancellations and  
non-attending registrants after  
May 17 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](mailto:jjones@calhospital.org). Questions: (916) 552-7639

Sponsorship Name:

Master Sponsor (2) — \$2,000

Tee Sponsors (18) — \$250

Table/Hole Sponsor (4 w/alcohol) — \$500

Table/Hole Sponsor (14) — \$400

Food Sponsor (2) — \$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:

Company:

Email:

Golfer #2:

Cell Phone:

Company:

Email:

Golfer #3:

Cell Phone:

Company:

Email:

Golfer #4:

Cell Phone:

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](mailto:jjones@calhospital.org).

VISA  MasterCard  AMEX

Credit Card Number:  Expiration Date:

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

Email Receipt Required? Email: