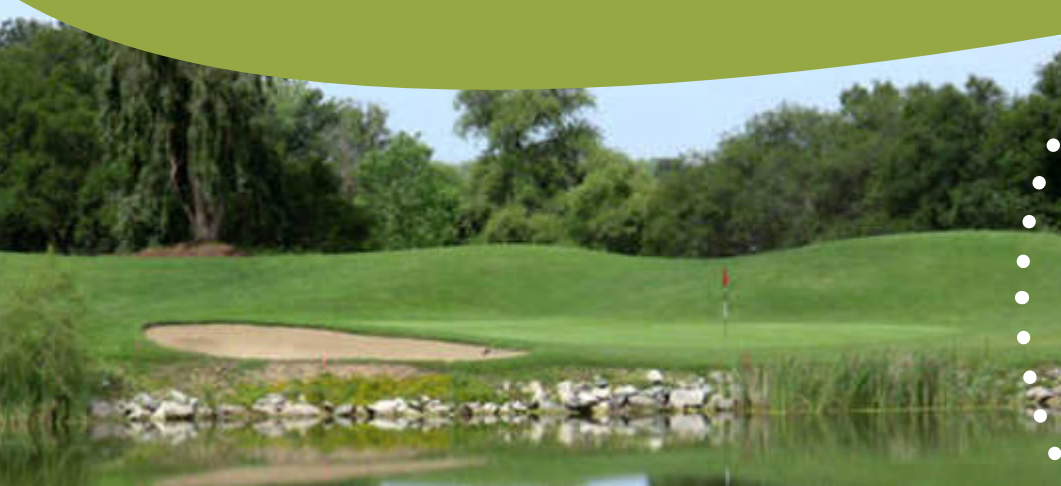




Annual Northeastern Chapter Golf Tournament

Turkey Creek Golf Course
1525 Highway 193 | Lincoln, CA

JUNE 8, 2018





Friday, June 8th 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 or (916) 838-2386; or, the CSHE office at 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. 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 June 1, 2018. A \$45 non-refundable processing fee will be charged. Cancellations and non-attending registrants after June 1 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:

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. Questions: (916) 552-7639

Sponsorship Name:

- Master Sponsor (2) – \$2,000
Includes 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
- Dinner Sponsor (1) – \$1,000
- Lunch Sponsor (1) – \$500
- Table/Hole Sponsor (4 w/alcohol) – \$500
- Table/Hole Sponsor (14) – \$400
- Tee Sponsors (18) – \$250

- Longest Drive Sponsor – \$250
- Driving Range Sponsor – \$500
- Putting Green Sponsor – \$500
- Closest to the Pin Sponsor – \$250
- Golf Cart Sponsor – \$400
- Items for Golf Bags
Golf balls, water, granola bars, etc. Please contact Annette Sullivan at annette.sullivan@atirestore.com or (916) 838-2386

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:

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.

<input type="checkbox"/> VISA	Credit Card Number:		Expiration Date:	
<input type="checkbox"/> MasterCard	3-Digit Code / 4-Digit Code for AMEX	Zip Code:	Amount Authorized: \$.00
<input type="checkbox"/> AMEX	<input type="checkbox"/> Email Receipt Required?	Email:		