



6th ANNUAL CSHE SAN FRANCISCO CHAPTER GOLF TOURNAMENT

WHERE:

Blackhawk Country Club



599 Blackhawk Club Drive, Danville, CA 94506
925-736-6500 www.blackhawkcc.org

WHEN:

Monday, July 23, 2018
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 13, 2018**.
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 prior to **July 13, 2018**. A \$45 non-refundable processing fee will be charged. Cancellations and non-attending registrants after **July 13** 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; Weather may cause cancellation.

QUESTIONS/INFO:

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

6th 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 14th. Contact 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 13, 2018

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

Email to: Joyce Jones jjones@calhospital.org **Online:** Register online at: www.cshe.org