



10th Annual Institute Golf Tournament

Foxtail Golf Club
100 Golf Course Drive | Rohnert Park, CA 94928

APRIL 11, 2018





Wednesday, April 11th

Tournament

INFORMATION



Time & Place

Foxtail Golf Club
100 Golf Course Drive
Rohnert Park, CA 94928

11:00 AM — Registration & Lunch

12:30 PM — Shotgun Start

Fees & Format

\$200 per player

\$800 per foursome

(Includes green fees, shared cart, boxed lunch, BBQ dinner & 1-door prize ticket per golfer)

Format: Four person scramble.

Contests

- Longest Drive
- Closest to the Pin
- 50/50

Notes

The golf course encourages golfers to wear soft spike golf shoes.

Registration

Complete registration form and forward payment (Visa, MasterCard & AMEX) to jjones@calhospital.org. You may also register online at www.cshe.org/Events/AnnualInstitute.aspx.

Make checks payable to:

CSHE, Attn: Joyce Jones
1215 K Street, Suite 800
Sacramento, CA 95814

Questions

If you have any questions, contact Chuck Peek at chuck.peek@ah.org or (209) 339-7680, or the CSHE office at jjones@calhospital.org.

Door Prizes

No raffle tickets will be sold. Door prizes are encouraged and all tournament participants will have an equal opportunity to win. If contributing a door prize, it cannot be more than \$100.

Open to All

All CSHE sanctioned events are open to all CSHE members, including facility, affiliate, retired and student.

Cancellation

Cancellations must be in writing and faxed to (916) 552-7617 or emailed to jjones@calhospital.org prior to March 11, 2018. A \$45 non-refundable processing fee will be charged. Cancellations and non-attending registrants after March 11 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.

Tournament

REGISTRATION FORM

Click Here to Register Online!

www.cshe.org/Events/AnnualInstitute.aspx

Yes, I want to participate!

Full Name:	Company:
Cell Phone:	Email:

Yes, I want to sponsor the tournament!

Email your logo to jjones@calhospital.org. Questions: (916) 552-7639.

Please list your company name as it will be displayed on signage.

Sponsorship Name:

- | | |
|--|---|
| <input type="checkbox"/> Master Sponsor (2) — \$2,000
<i>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</i> | <input type="checkbox"/> Tee Sponsors (18) — \$250 |
| <input type="checkbox"/> Dinner Sponsor (2) — \$1,000 | <input type="checkbox"/> Longest Drive Sponsor — \$250 |
| <input type="checkbox"/> Lunch Sponsor (2) — \$500 | <input type="checkbox"/> Closest to the Pin Sponsor — \$250 |
| <input type="checkbox"/> Table/Hole Sponsor (14) — \$400
<i>Vendors must bring their own tables & chairs!</i> | <input type="checkbox"/> 50/50 Sponsor — \$250 |
| | <input type="checkbox"/> Door Prize Sponsor |

Yes, I want to register to golf!

\$200 per player or \$800 for 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:

REGISTER ONLINE: www.cshe.org/Events/AnnualInstitute.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.

<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:	