



# CSHE 41st Annual Institute Golf Tournament Wednesday May 2, 2012



Somerset  
Golf & Country Club  
2019 Championship Trail  
Reno, NV. 89523-3829

Cost: \$150.00 per player  
\$600.00 per foursome  
\$150.00 hole sponsorship  
\$250.00 table at hole

Contests: Longest Drive  
50/50 Putt-off  
Closest to the Pin





## Sponsorship

Hole Sponsor with Sign Only \$ 150.00

Hole Sponsor with Table \$ 250.00

Sponsor Name: \_\_\_\_\_

(as you would like displayed on the sign, also please email your logo to [jjones@calhospital.org](mailto:jjones@calhospital.org))

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Golf Registration - \$ 150.00 (per golfer) or \$ 600.00 (per foursome)

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please complete this registration form and send it no later than Friday March 16, 2012 with your payment by email (if using a credit card) to [jjones@calhospital.org](mailto:jjones@calhospital.org) or by mail (if paying by check) to: CSHE, Attn: Joyce Jones, 1215 K Street, Suite 800, Sacramento, CA 98514-3946

Method of payment (please select one - sorry, we do not accept American Express)



Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Receipt Required?  YES  NO