



The San Diego CSHE Annual Golf Tournament committee invites you to join us for the

## **SAN DIEGO CSHE ANNUAL GOLF TOURNAMENT**

- WHERE:** Rancho Bernardo Inn Golf Course  
17550 Bernardo Oaks Drive  
San Diego, California 92128
- WHEN:** Friday, August 26, 2016  
10 a.m. – 1 p.m. Registration and Putting Contest  
10 a.m. – 1 p.m. Longest Drive Contest  
1 p.m. – Shotgun Start  
6:30 p.m. – 9 p.m. Dinner and prizes
- COST:** \$125 per player                      \$500 Foursome until 8/15/2016  
Sponsorship Opportunity sheet
- INCLUDES:** Lunch: Street tacos, watermelon, salad, and horchata.  
Dinner: BBQ buffet, green fee and one prize opportunity ticket.
- CONTESTS:** Long drive, putting, and closest to pin contests
- REGISTRATION:** Complete registration form and for Visa or MasterCard payment forward via mail, fax or email to: [jjones@calhospital.org](mailto:jjones@calhospital.org).
- American Express can be used for payment; please forward registration form with golfer's information to [frost@calhospital.org](mailto:frost@calhospital.org), who will process American Express through Square Register OR [Register online](#) here (all payments accepted) ([www.cshe.org](http://www.cshe.org) → Events → Golf Tournaments)
- Checks payable to:  
CSHE, 1215 K Street, Suite 800,  
Sacramento, CA 95814-3946,                      ATTN: J. Jones.
- NOTES:** *Golf Attire.* Appropriate golf attire is required, e.g., shirts with collars and appropriate shorts, pants or skirts (no cut-offs, gym shorts, tank tops or blue jeans). Non-metal spiked shoes are required. Rancho Bernardo Inn reserves the right to deny playing privileges to any player who violates the rules and policies of Rancho Bernardo Inn when on site before, during or after play. Adhere to the rules of the course and golf carts.
- QUESTIONS:** If you have any questions, contact Ken Gibson at [ken.gibson@sharp.com](mailto:ken.gibson@sharp.com) or (858) 939-3557 or the CSHE Office at [jjones@calhospital.org](mailto:jjones@calhospital.org) or (916) 552-7639.



## SAN DIEGO GOLF SPONSORSHIP OPPORTUNITIES

<b><u>Sponsorship Opportunity</u></b>	<b>\$\$</b>	<b>Sponsor</b>	
Golf Bag / Tee Sponsor	\$1000	Sherwin Williams	
Lunch Sponsor	\$1,000	Restoration Management Co.	
Master Sponsor (20 available)	\$200		<b>Includes framed hole flag</b>
Tee Sponsor (18 available)	\$200		
Table/Hole Sponsor (6 alcohol)	\$600	Sold Out	<b>Includes server</b>
Table/Hole Sponsor (12)	\$400		
Foursome (\$125 X 4) (30 available)	\$500		
Golf Cart Beverage Sponsor	\$800	A-Tech	
Putting Green Sponsor	\$500	Mohawk Industries	
Driving Range Sponsor	\$600	Coast Environmental	
Longest Drive Sponsor	\$250	Forensic Analytical	
Closest to the Pin Sponsor	\$250	Abatix	
Dinner Sponsor	\$1,000		
Dinner Sponsor	\$1,000		
Door Prizes (not to exceed \$300 each) Possible golf related item		All Welcome	

### **Open to All:**

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

### **Cancellation:**

After registering, attendees may cancel at any time, but only those cancellations received 14 days prior to the event will receive a refund.

**Waiting List:** When an event has reached the approved capacity, no more registrations can be accepted.

However, a waiting list will be established with first come first served. Preference will be given to facility members first, and then affiliates.

**SAN DIEGO CHAPTER CSHE ANNUAL GOLF TOURNAMENT  
REGISTRATION FORM**

**Contact Information**

Contact: \_\_\_\_\_ Company: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SPONSORSHIP**

Sponsorship: \_\_\_\_\_ \$ \_\_\_\_\_

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

Sponsor Company \_\_\_\_\_  
Email your logo to [jjones@calhospital.org](mailto:jjones@calhospital.org) Questions: (916) 552-7639

**GOLF REGISTRATION - \$125 per player (up to 120)      Foursome: \$500 until 8/15/2016**

Golfer #1: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #2: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #3: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #4: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete this registration form; send with payment by mail, no later than August 15, 2016.  
Send checks payable to CSHE. Mail to: CSHE, 1215 K Street, Suite 800, Sacramento, CA 95814-3946

For credit cards, please provide the following information and email to [jjones@calhospital.org](mailto:jjones@calhospital.org):

Method of Payment       Visa       MasterCard

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date \_\_\_\_\_ / \_\_\_\_\_

3-Digit Security Code \_\_\_\_\_      Billing Zip Code \_\_\_\_\_      Amount \$ \_\_\_\_\_

Email receipt required:      Yes      No      Email Address \_\_\_\_\_

American Express can be used for payment; please forward registration form with golfer's information  
to [tfrost@calhospital.org](mailto:tfrost@calhospital.org), who will process American Express through Square Register OR  
[Register online here \(www.cshe.org\)](http://www.cshe.org) → Events → Golf Tournaments) (all payments accepted).