

● ● ● | St. Clare Hospital
Golf Tournament
August 17, 2009

- I would like to order _____ additional Dinner Guest Tickets at \$30 each.
- Sorry, I can not attend this year, but please accept my donation of \$_____ (tax deductible).
- I would like to be an Eagle Sponsor \$2,500 includes 4 Players.
- I would like to be a Birdie Sponsor \$1,500 includes 2 Players.
- I would like to be a Hole Sponsor \$500 includes signage at the Green.
- Total amount enclosed \$_____.

Please mail or fax to:

SCH—Golf Tournament
PO Box 1502
Tacoma, WA 98401-1502
253-428-8466 Fax

† CATHOLIC HEALTH
INITIATIVES

St. Clare Hospital

A Part of Franciscan Health System



Thank You
to Our Generous
Tournament Sponsors:

Major Sponsors



Banquet Sponsor



Eagle Sponsors

Franciscan Medical Group
Northwest Emergency
Physicians of Team Health

Cart Sponsor

Rural/Metro Ambulance



St. Clare
Hospital 2009

6th Annual
Golf Tournament

Benefits the Campaign
for the St. Clare Hospital
Emergency Department

St. Clare Hospital Golf Tournament

Thank you for supporting the St. Clare Hospital 6th annual charity golf tournament. Proceeds from this year's tournament will benefit St. Clare Hospital and its Campaign for the renovation of the Emergency Department.

Date:

Monday, August 17, 2009
12:30 p.m. Shotgun

Where:

Tacoma Country and Golf Club
13204 Country Club Dr SW
Lakewood, WA
(253) 588-2161

Driving Directions:

From Interstate 5, take the Gravelly Lake Drive Exit (#124) and head west. Stay in the inside left lane, proceed through a traffic light and the road will branch into a "Y," follow the "Y" to the left. The entrance to the Club is the first left turn.

Dress Code:

All golfers must wear appropriate golf attire. This includes collared shirts. No denim, cut-offs or t-shirts, please.



Golf Tournament

Schedule of Events

10:30 –12:30 p.m.

Registration, Putting Contest
and Hosted Lunch
Tee Prizes by Nike Golf

12:30 p.m.

Shotgun Start

5:30- 6:00 p.m.

Happy Hour

6:00 p.m.

Hosted Dinner & Awards Reception

To Confirm Your Registration

Mail, fax or email the completed registration form and payment (if applicable) to:

St. Clare Hospital—Golf Tournament
PO Box 1502
Tacoma, WA 98401-1502

253-428-8466 Fax

NOTE: If your golfer(s) registration fee is already paid, please complete the form with the names and addresses of your golfers.

For further information please contact:
Molly Ashton, Franciscan Foundation
(253) 552-4168, (253) 405-3771 (cell) or email at
mollyashton@fhshealth.org.

Registration Form

\$175 per person \$700 per Foursome
 Men's Women's Mixed

1) _____
name

2) _____
name

3) _____
name

4) _____
name

Payment:

Check enclosed Credit card

Acct. # _____

Expiration date _____

Please make checks payable to SCH—golf tournament
Visa / Master Card / American Express / Discover