



*Novato Community
Hospital*

A Sutter Health Affiliate

With You. For Life.

21st Annual NCH Golf Tournament

*Indian Valley Golf Course, Novato
July 16, 2008*

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ E-mail _____

I am pleased to support the 21st Annual Novato Community Hospital Golf Tournament:

- | | | |
|---|-------|--------------------|
| <input type="checkbox"/> Individual Golfer | _____ | \$165 per person* |
| <input type="checkbox"/> Foursome | _____ | \$660 per foursome |
| <input type="checkbox"/> Dinner Only | _____ | \$30 per person |
| <input type="checkbox"/> Mulligan Package | _____ | \$25 each |
| <input type="checkbox"/> Premier Drawing Ticket | _____ | \$100 each |
| (\$4,000 AAA Travel Gift Certificate) | _____ | Total |

* Tournament Fee of \$165 per person includes tournament registration, BBQ lunch, and buffet dinner.

Enclosed is my check made payable to Novato Community Hospital \$ _____

Please bill my Visa Mastercard Discover Card American Express

Credit card #: _____ Exp. Date: _____

Name on credit card: _____ Amount: _____

Signature

Date

The net proceeds will benefit NCH's Community Healthcare Fund, which supports community programs such as the Chaplaincy Program, Community Diabetes Project, Health Express, Institute for Health & Healing, and Novato Health Partnership Program.

Sutter Marin
4000 Civic Center Drive, Suite 150
San Rafael, CA 94903
Phone: 415 492-4730 Fax: 415 492-4731



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Please complete information below if registering for the golf tournament. The Golf Committee will assign you to a foursome if registering individually.

Golfers Name & Address/Email

1. _____

2. _____

3. _____

4. _____

Please complete for dinner only guests.

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

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