



*Novato Community  
Hospital*

A Sutter Health Affiliate

*With You. For Life.*

# 22<sup>nd</sup> Annual NCH Golf Tournament

*Indian Valley Golf Course, Novato  
July 15, 2009*

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

I am pleased to support the 22<sup>nd</sup> Annual NCH Golf Tournament:

- |  |       |                    |
|--|-------|--------------------|
| <input type="checkbox"/> Individual Golfer               | _____ | \$165 per person*  |
| <input type="checkbox"/> Foursome                        | _____ | \$660 per foursome |
| <input type="checkbox"/> Evening Pass (Dinner & Auction) | _____ | \$30 per person    |
| <input type="checkbox"/> Mulligan Package                | _____ | \$25 each          |
| <input type="checkbox"/> Premier Raffle Ticket           | _____ | \$50 each          |
| (\$2,500 AAA Travel Gift Certificate)                    | _____ | <b>Total</b>       |

\* 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 be used toward the purchase of Smart Pumps at Novato Community Hospital to improve patient safety and reduce the chance of medication errors.**

Sutter Marin Development Office  
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 Evening Pass (dinner & auction) guests.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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