

Join us at Woodlake Golf Club on Friday, September 25, 2009

Registration Deadline: September 11

Rain Date: September 28



Claiborne County Healthcare Foundation

Golf For Great Healthcare!

Two Flights Available!!
8:00 a.m. & 1:30 p.m.
Lunch: 12:00 - 1:30



FIRST CENTURY BANK

Championship Sponsors:



Claiborne County Healthcare Foundation
1850 Old Knoxville Road
Tazewell, Tennessee 37879

For More Information:
Call: 423-526-2201
Fax: 423-626-9926
Email:

foundation@claibornehospital.org

Join our team! Your involvement and participation are vital to the success of this event. We are currently building our broad base of support in order to fund such projects as dialysis, cardiac rehabilitation, or a women's center.

There are many ways to participate in the Foundation Golf Scramble—make your sponsorship choice today! *Proceeds from this year's tournament will go towards purchasing a digital mammography unit for Claiborne County Hospital.*

All proceeds from this event will go to the Claiborne County Healthcare Foundation, a nonprofit organization dedicated to the health of our community.

Sponsorship Levels

- | | |
|---|--|
| <input type="checkbox"/> Championship Sponsor (\$3,000) | <input type="checkbox"/> Eagle Sponsor (\$2,000-Luncheon) |
| <input type="checkbox"/> Birdie Sponsor (\$1,500-Hospitality Carts) | <input type="checkbox"/> Par Five Sponsor (\$1,500-Awards) |
| <input type="checkbox"/> Golf Cart Sponsor (\$1,200-Golf Carts) | <input type="checkbox"/> Advantage Sponsor (\$500-Trash Ticket) |
| <input type="checkbox"/> Closest to the Hole Sponsor (\$500) | <input type="checkbox"/> Longest Drive Sponsor (\$500) |
| <input type="checkbox"/> Par Sponsor (\$500-Practice Tee) | <input type="checkbox"/> Hole-In-One Sponsor (Pay for Insurance) |
| <input type="checkbox"/> Team Sponsor (\$500) | <input type="checkbox"/> Flag Sponsor (\$150) |
| <input type="checkbox"/> Hole Sponsor (\$150) | <input type="checkbox"/> Tee Box Sponsor (\$100) |
| <input type="checkbox"/> Sand Trap Sponsor (\$100) | <input type="checkbox"/> Individual Player Only (\$125) |
| <input type="checkbox"/> Door Prize Sponsor _____ | <input type="checkbox"/> Goody Bag Sponsor (Varies) |

Name _____

Address _____

(H) _____

(W) _____

Phone _____

E-mail _____

Team Information—Time preferred: 8:00 a.m. 1:30 p.m.

Player #1 _____

Player #2 _____

Player #3 _____

Player #4 _____

Make checks payable to **Claiborne County Healthcare Foundation** and mail form with payment to:

Claiborne Co. Healthcare Foundation Golf Scramble
1850 Old Knoxville Road
Tazewell, TN 37879

Method of Payment

- | | | |
|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Bill Me | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |

Credit Card # _____

Security Code _____

Exp. Date _____

Signature _____