

Join us at Woodlake Golf Club on Friday, September 24, 2010

Registration Deadline: September 17

Rain Date: September 27



# Claiborne County Healthcare Foundation

## Golf For Great Healthcare!

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



Debusk College of Osteopathic Medicine

Championship Sponsors:



**FIRST CENTURY BANK**

**Claiborne County HOSPITAL AND NURSING HOME**

**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 Emergency Room renovations and equipment at 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 \_\_\_\_\_