



# ANNUAL GOLF OUTING

## FRIDAY, JULY 24, 2009

### BRIARWOOD GOLF COURSE

### 2737 EDGERTON ROAD,

### BROADVIEW HEIGHTS

<b>Event Sponsor</b>	<b>\$500</b>
• Includes name on advertising, cart banner, hole sign, and entry for one (1) foursome.	
<b>Co-Event Sponsor</b>	<b>\$300</b>
• Includes name on all advertising, hole sign and entry for two (2) golfers.	
<b>Hole Sponsor</b>	<b>\$200</b>
• Includes name on all advertising, hole sign and entry for one (1) golfer.	
<b>Golf Sponsor</b>	<b>\$ 75</b>
• Includes name on all advertising and one (1) dinner.	

<b>Individual</b>	<b>\$80.00</b>
<b>Foursome</b>	<b>\$320.00</b>
<b>Dinner Only</b>	<b>\$25.00/person</b>

**Format: 18-hole/ 4-man scramble**  
**8:00am: Registration**  
**8:00am: Driving Range Open**  
**9:00am: Tee-Off**  
**3:00pm: Chinese Auction**  
**3:30pm: Dinner Served**

**Golf Package Includes**

- Open driving range at 8:00am
- 18 Holes of golf with cart
- Continental breakfast
- Lunch at the turn
- Dinner provided by Catered Elegance
- Team photo
- Goodie bag
- Prizes
- Hole-in-One contests with prizes including \$5,000.00, a set of Big Bertha irons, roundtrip airline tickets for two, a 42" TV, and a 2009 Honda provided by Jay Honda!

Registration deadline: July 3, 2009

Register by mail, fax, or email:

Nancy DeSantis  
 44 Blaine Avenue  
 Bedford, Ohio 44146  
 (216) 767-8544 Phone  
 (440) 735-3631 Fax

[Nancy.DeSantis@UHHospitals.org](mailto:Nancy.DeSantis@UHHospitals.org)

***Dress code—Collared shirts, NO denim, NO metal spikes***  
***Rain or shine***





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### BRIARWOOD GOLF COURSE

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Business \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**I would like to be (check one):**

- Event Sponsor (\$500)       Co-Event Sponsor (\$300)  
 Hole Sponsor (\$200)       Golf Sponsor (\$75)

**\*\*\*Sponsorship deadline: June 10, 2009\*\*\***

I would like to purchase a single/foursome, please list name(s)

\_\_\_\_\_  steak  chicken

\_\_\_\_\_  steak  chicken

\_\_\_\_\_  steak  chicken

\_\_\_\_\_  steak  chicken

I would like to attend the dinner only:       steak  chicken

Credit Card:    Visa       Mastercard       Discover       American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Three-digit security number \_\_\_\_\_ Amount Approved: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

***Make checks payable to UH Bedford Medical Center***

I would like to donate an item for the Chinese Auction (minimum value \$25.00)