

SPONSORSHIP REGISTRATION

Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Sponsorship Level (please check one)

\$3000 and Up (PLATINUM SPONSOR) — Includes 6-players, Recognition on hole, 6 Lunch tickets, company recognition at Lunch, and company name on home page of the Orchard Hospital Foundation website, logo on next year's brochure

\$2000 to \$2999 (GOLD SPONSOR) — Includes 4-players, Recognition on hole, 4 Lunch tickets, and company name on home page of the Orchard Hospital Foundation website.

\$1000 to \$1999 (SILVER SPONSOR) — Includes 2 players, company name on sign at hole as sponsor and company recognition.

\$350 to \$999 (FRIEND OF THE FOUNDATION) — Includes company recognition, web posting

\$1000- (Longest Drive): Includes 1 player, Recognition at the Longest Drive contest, mention during lunch banquet.

\$400- (Five Cart Sponsor) - includes recognition on five carts, name on web posting

Please complete and mail this form and payment to:

Orchard Hospital Foundation-Golf
c/o Lyndi Little Wallace

P.O. Box 97

Gridley, CA 95948

Make checks payable to:

Orchard Hospital Foundation/Golf

**Your donation is tax deductible as provided by law.*

Orchard Hospital has a history of taking great care of our community, but our current equipment is rapidly becoming out of date. New advances in medical technology provide us the opportunity to improve our services tremendously. With a new Hospital on the horizon, it is time to have new equipment so that the ER is equipped with current diagnostic tools. Our goal is to raise \$1,000,000. With our commitment to emergency care in our community and your support to help keep our equipment up to date, more medical emergencies will have happy endings. Together we can help our loved ones have more time to enjoy the things in life that really matter. We invite you to partner with us by showing your support in participating in our 4th Annual Champions Classic Golf Tournament.

Thank you, 2015 Sponsors!



4th Annual Champions Classic

*Golf Tournament, Breakfast,
Lunch, Raffle, and Silent Auction*



*Keep Your Eye On The Ball.
Register Now! Space is limited.*



www.OrchardHospital/foundation

4th ANNUAL CHAMPIONS CLASSIC

Golf Tournament
September 19, 2016

Butte Creek Country Club
Chico, California

Schedule of Events:

- Registration opens at 9:00am Range balls included
- Breakfast will be provided
- 10:00am Shot Gun Start
- Silent Auction and Cocktail Hour immediately following golf
- Lunch starts at 3:00pm
- Awards will follow

Contests Include:

- Hole in One.... **WIN A CAR!**
- Men & Women's Closest to the Pin
- Men & Women's Longest Drive
- Putting Contest

There will be games on the green, raffle prizes and many great silent auction items available too!



All event proceeds will go towards the purchase of new equipment for the Emergency Department.

(See back of brochure for more information about our Champions Campaign)

GOLFER REGISTRATION

Tournament registration is \$125 per golfer. Fee includes 18 holes of golf, golf cart, breakfast, and lunch. Foursome is \$450.

Player 1 Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Glove Info: Mens Ladies RT LT
Glove Size: Small Medium Large X-Large

Player 2 Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Glove Info: Mens Ladies RT LT
Glove Size: Small Medium Large X-Large

Player 3 Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Glove Size: Mens Ladies RT LT
 Small Medium Large X-Large

Player 4 Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Glove Info: Mens Ladies RT LT
Glove Size: Small Medium Large X-Large

NOTE: If you are registering as an individual, but have a foursome, you are a part of, please include all foursome names below:

Check this box if you need a foursome to play with.

LUNCH TICKETS ONLY

One (1) Lunch Ticket = \$30.00
Check-In for Lunch opens at 3:00pm

I would like to purchase _____ Lunch ticket(s).

Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____

Please submit completed registration and payment by September 1, 2016.

MAIL

Send completed form and payment to:
(Please make checks payable to Orchard Hospital Foundation) any questions please call 530-846-9028.

Orchard Hospital Foundation
c/o Lyndi Little Wallace
P.O. Box 97
Gridley, CA 95948

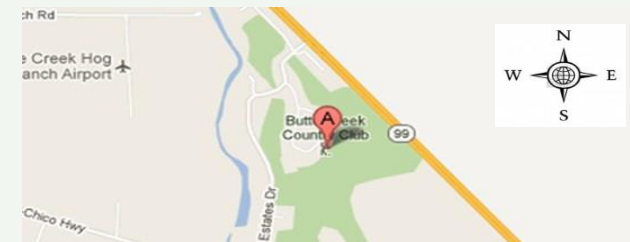
*Your donation is tax deductible as provided by law.

DRESS CODE

BCCC Dress code is shirts with collars, tucked in and no blue jeans.

Questions?

Contact Lyndi Wallace at llittle@OrchardHospital.com



Butte Creek Country Club
175 Estates Drive, Chico, CA