

**ALL NEW
VENUE
FOR 2018!**

Southwest Healthcare presents the 21st Annual...
**Scott Crane Memorial
 Charity Golf Tournament**

The Scott Crane Memorial Charity Golf
 Tournament will take place on Monday,
 June 11, 2018, at Bear Creek Golf Club

Check-in starts 8am—Shotgun start at 10am

Benefiting the following charities...



Entry Form

NAME _____
 COMPANY _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____

NAME _____
 NAME _____
 NAME _____
 NAME _____

<input type="checkbox"/> Platinum Sponsor: \$10,000 <ul style="list-style-type: none"> • 16 players entered • Sign at each hole • Full page ad in program • Recognition at banquet 	<input type="checkbox"/> Diamond Sponsor: \$6,500 <ul style="list-style-type: none"> • 12 players entered • Sign at 9 holes • 1/2 page ad in program • Recognition at banquet 	<input type="checkbox"/> Gold Sponsor: \$3,500 <ul style="list-style-type: none"> • 8 players entered • Sign at one hole • 1/4 page ad in program • Recognition at banquet 	<input type="checkbox"/> Silver Sponsor: \$2,500 <ul style="list-style-type: none"> • 4 players entered • Sign at one hole • Logo in program • Recognition at banquet
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| <input type="checkbox"/> Pin Flag Sponsor \$3,000
<small>Includes 4some and your logo on all pin flags</small> | <input type="checkbox"/> Hole Sponsor \$500
<small>Display your company at one tee box</small> | <input type="checkbox"/> Lunch Box Sponsor \$3,000
<small>Includes 4some, lunches for all golfers, recognition</small> |
| <input type="checkbox"/> Cart Sponsor \$3,000
<small>Includes 4some and your logo on all golf carts</small> | <input type="checkbox"/> Golf Ball Sponsor \$1,500
<small>Your logo on golf balls distributed to all players</small> | <input type="checkbox"/> Bag Tag Sponsor \$1,000
<small>Custom designed tee tag on every golf bag</small> |

PAYMENT: (If payment is made with a credit card, you may fax your registration to 951-698-7721)

Check enclosed (Please make checks payable to Southwest Healthcare Auxiliary, Tax ID# 33-0846650)
 Visa MasterCard AMEX Card Number _____ Exp. Date: _____

Mail check and registration to:
 Ginny Ince, Tournament Registration
 Southwest Healthcare System.
 25500 Medical Center Drive, Murrieta, CA 92562
 Questions? Call Brian Connors at (951) 304-7152

Signature: _____ CC ID: _____

Individual Playing Positions \$225 x _____ = \$ _____
 Total Amount