

Holyoke Medical Center's

21st Annual

# Golf Fore Health

Honorary Chair: Karen Ferroni, MD



MONDAY, AUGUST 17, 2009

## Three Events in One

### Golf

Golf at either **The Orchards Golf Club** SOUTH HADLEY  
or **Crestview Country Club** AGAWAM

- Shotgun start: 12:00 pm; scramble format
- \$150 entry fee includes: 18-hole round of golf, golf cart, participant gift, team photo, lunch, refreshments, and Cocktail Party (*\$125 Golf, without Cocktail Party*).

### Mini-Golf

**McCray's Farm** SOUTH HADLEY

- 10:00 am – 12:00 pm
- \$10 entry fee includes:
  - 18 holes of mini-golf
  - Entrance to animal farm
  - Ice cream cone

### Party

Cocktail Party and Auction at **The Log Cabin Banquet & Meeting House**

500 EASTHAMPTON ROAD, HOLYOKE

- \$40 includes Cocktail Party with stations, live and silent auction, door prizes, raffle and awards.
- 6:30 pm; casual dress, cash bar.

ALL PROCEEDS TO ASSIST IN PURCHASING SURGICAL EQUIPMENT FOR HOLYOKE MEDICAL CENTER'S SURGICAL DEPARTMENT

## Sponsors

### GOLD SPONSORS

**THE DELANEY HOUSE**  
the place to be

**THE LOG CABIN**  
BANQUET & MEETING HOUSE

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Beyond Benefits



BULKLEY, RICHARDSON  
AND GELINAS, LLP  
ATTORNEYS AT LAW



See reverse for entry form.

# Registration Information

RESERVATION DEADLINE: FRIDAY, AUGUST 7, 2009

## Sponsorship

Major sponsor benefits (\$1,500+) include banner and tee/green sign on both courses, green flag, and program book recognition. Other sponsor benefits include signage where indicated and recognition in the program book. **Deadline for inclusion in the program book is August 7, 2009.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>10,000+ Diamond Sponsor</b><br>20 golfers (inclusive) plus 20 cocktail party tickets  | <input type="checkbox"/> <b>2,500 Silver Sponsor</b><br>4 golfers (inclusive) plus 4 cocktail party tickets          | <input type="checkbox"/> <b>\$500 Green Flag Sponsor</b><br>Green flag on course of choice, 2 cocktail party tickets |
| <input type="checkbox"/> <b>\$7,500 Emerald Sponsor</b><br>16 golfers (inclusive) plus 16 cocktail party tickets  | <input type="checkbox"/> <b>\$1,500 Bronze Sponsor</b><br>2 golfers (inclusive) plus 2 cocktail party tickets        | <input type="checkbox"/> <b>\$300 Tee/Green Sponsor</b> (both courses)   |
| <input type="checkbox"/> <b>\$5,000 Platinum Sponsor</b><br>12 golfers (inclusive) plus 12 cocktail party tickets | <input type="checkbox"/> <b>\$800 Birdie Sponsor</b><br>4 golfers (inclusive) plus sign on each course (\$900 value) | <input type="checkbox"/> <b>\$250 Scoreboard Sponsor</b> (course of choice)  |
| <input type="checkbox"/> <b>\$3,500 Gold Sponsor</b><br>8 golfers (inclusive) plus 8 cocktail party tickets       |  | <input type="checkbox"/> <b>\$200 Tee/Green Sponsor</b> (course of choice)   |
|   |  | <input type="checkbox"/> <b>\$100 Golf Cart Sponsor</b> (both courses)   |
|   |  | <input type="checkbox"/> <b>\$50 Golf Cart Sponsor</b> (course of choice)  |

## Golf

**\$150 PER GOLFER (\$125 GOLF ONLY)** Please complete information for all players and indicate course preference. Every effort will be made to respect your course choice, but reservations will be made on a first-come, first-served basis. Confirmation will be mailed to each player prior to the tournament.

Payment must be received in full to reserve course. Course Preference:  The Orchards  Crestview

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Mini-Golf

**\$10 PER PARTICIPANT**

Please complete information for all participants. Confirmation will be mailed to each player prior to the event.

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_  
E-Mail \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_  
E-Mail \_\_\_\_\_

For additional registrants, photocopy this form.

## Cocktail Party & Auction

**\$40 PER PERSON.** Please complete information for all guests.

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Payment Information

- Total amount due \$ \_\_\_\_\_
- Enclosed is my check, payable to Valley Health Systems, Inc. for \$ \_\_\_\_\_  Please bill me.
- Credit Card Payment: \_\_\_ VISA \_\_\_ Mastercard \_\_\_ Discover
- Name on card (please print) \_\_\_\_\_ Card No. \_\_\_\_\_
- Verification code (3 digit no. on back) \_\_\_\_\_ Exp. date \_\_\_\_\_ Signature \_\_\_\_\_
- I cannot attend, enclosed is my contribution of \$ \_\_\_\_\_.

Mail this entry form to: Valley Health Systems, Inc., Development Office  
20 Hospital Drive, Holyoke, MA 01040  
Fax (413) 534-2779

For More Information: Call (413) 534-2579  
or E-mail: rebmann\_denise@holyokehealth.com