

PLAYER REGISTRATION FORM



JOIN US FOR AN ENJOYABLE DAY OF GOLF, AND LUNCH!

The 35th Annual Copley Golf Tournament is not only a good time, but it also helps Copley Hospital continue to provide exceptional care for our community. Over the years, proceeds from the tournament have helped with several significant projects including our MRI Suite, Surgical Center, and expansion of the Emergency Department. Combine this good cause with friends and a wonderful course and it's a win-win for all!

With great thanks and appreciation to our sponsors, our golfers, and local and regional businesses, the tournament raised more than \$25,000 last year. With your participation and support we can do it again.

Proceeds from this year's event will support our Cardiology Services, specifically the upgrade our diagnostic cardiac equipment. A Cardiopulmonary Stress Test allows the cardiologist to measure how well your heart and lungs are working while on a treadmill. The cost of replacing our current equipment is \$30,000. Your support will help prevent heart attacks before they happen.

Your player package includes 18 holes of golf with cart, awards luncheon and a tax-deductible donation to our community hospital. Spots fill up quickly so sign-up soon. Join us on July 9 for what is guaranteed to be a memorable time.

For more information, contact our Development and Marketing Office at 888-8302, email jbaker@chsi.org, or visit www.copleyvt.org/support-copley/events/copley-scramble.

Limited to first 72 players – register today!

EARLY BIRD DISCOUNT ENDS MAY 31

PLAYER PACKAGES:

- Hole Sponsor \$500.00**
Includes one player and 2 mulligans, name at the hole
- Foursome \$475.00**
This package guarantees you play together! Includes 1 mulligan per person.
- Silver Sponsor \$300.00**
Non-player sponsor, name on sponsor board.
- Player \$125.00** (June 1st rate)
- Early Bird \$110.00**, must be received by May 31st
- Mulligans \$5.00 each**
Limit 2 per person

Player Name _____ Handicap _____

Player Name _____ Handicap _____

Player Name _____ Handicap _____

Player Name _____ Handicap _____

Payment Method:

- Check Enclosed; Payable to Copley Hospital
- Credit Card (Master Card, VISA or American Express)

Name As It Appears on Credit Card _____

Credit Card Number _____ Exp Date _____

CVV _____



MAIL YOUR COMPLETED REGISTRATION FORM WITH PAYMENT TO:
COPLEY HOSPITAL, DEVELOPMENT & MARKETING
528 WASHINGTON HIGHWAY, MORRISVILLE, VT 05661

7:30AM REGISTRATION OPENS
8:30AM SHOTGUN START
1:00PM LUNCHEON & AWARDS