

**Lodi Memorial Hospital Foundation
Seventh Annual Four Person Scramble
Dr. Russell B. Steele Golf Tournament
Monday, September 13, 2010, Woodbridge Golf & Country Club**



Name _____ Company _____

Address _____

City _____ State _____ Zip _____ E-mail _____

Phone _____ Fax _____

Please indicate the company name that should be listed for sponsor recognition and promotional use:

I am pleased to sponsor the Lodi Memorial Hospital Golf Tournament for the following:

- | | | |
|---------|----------|---|
| \$5,000 | Gold | Tee/Green sponsor, Corporate recognition, and eight golfers |
| \$2,500 | Silver | Tee/Green sponsor, Corporate recognition, and four golfers |
| \$1,000 | Bronze | Corporate recognition, signage at the reception and two golfers |
| \$550 | Platinum | Tee/Green sponsor, two golfers |
| \$250 | Brass | Tee sponsor |

(Due to printing deadlines, sponsors responding after September 1 may be omitted from the program.)

Reservation deadline is Monday, September 6, 2010. The tournament has filled up early for the last three years so get your reservations in early. Sponsors will take precedence for golfers.

Reserve _____ spots, **\$140, PAID before July 31** - after August 1, \$150 per player

Dinner Only _____ **\$40** per person

Tee-off is 10:00 a.m., registration opens at 8:00 a.m. Includes continental breakfast, snack bags, dinner with wine and raffle. Confirmation and map to the course will be sent upon receipt of reservation.

Reservations are for the following golfers:

Player one

Name _____

e-mail _____

Player three

Name _____

e-mail _____

Player two

Name _____

e-mail _____

Player four

Name _____

e-mail _____

Woodbridge Golf & County Club dress code: No jeans, men must wear collared shirts, no hats in dining room - thank you!

Please include payment with reservation form. Make checks payable to LMH Foundation.

Please mail/submit sponsor-reservation form to: **Lodi Memorial Hospital Foundation, 845 S. Fairmont Ave., Ste. 3, Lodi, CA 95240 or fax to (209)339-7690.**

Please charge my credit card: Name on Card _____

MC or Visa # _____ Expiration _____

For information call Donna Shaw, (209)339-7582. Funds raised will be used to promote healthcare in the greater Lodi area and will help provide care to the underserved in our community. Contributions to the Lodi Memorial Hospital Golf Tournament are tax deductible as allowed by law. Tax ID #94-2719880.