



19th ANNUAL SEAFOOD SCRAMBLE GOLF TOURNAMENT

WHEN: Friday, October 17th, 2008-Shotgun start 8:30 am & 1:30 pm

WHERE: FarmLinks (Located at 2200 FarmLinks Boulevard, Sylacauga, AL 35150)

HOW: \$200.00 per Player (includes cart, goody bag & Seafood Buffet-available 11:30 am-1:30 pm)

FORMAT AND PRIZES: Four-person scramble; 18 holes. Major hole-in-one prizes.

*****NO ENTRIES ACCEPTED WITHOUT FEE*****

Make checks payable to: Coosa Valley Medical Center Foundation

Mail To: Cathy Harris, Coosa Valley Medical Center, 315 W. Hickory Street, Sylacauga, AL 35150

Tax Deductible Information: All contributions are tax deductible in accordance with IRS regulations – the donation less the value of goods and services received. A letter will be sent to each sponsor noting the amount that is tax deductible.

SPONSORS MAKE THE DIFFERENCE-PLEASE CONSIDER BECOMING A SPONSOR!

EAGLE SPONSOR \$900.00-Four Players Fees Included-Four Footjoy Golf Shirts and Four StaSof Golf Gloves. Acknowledgement of sponsorship on a course hole, golf cart and listed in Event Program

BIRDIE SPONSOR \$600.00-Two Players Fees Included-Two Footjoy Golf Shirts and Two StaSof Golf Gloves. Acknowledgement of sponsorship on a course hole, golf cart and listed in Event Program

PAR SPONSOR \$300.00-One Player Fee Included-One Footjoy Golf Shirt and One StaSof Golf Glove - Acknowledgement of sponsorship on Sponsorship Board and listed in Event Program

DETACH HERE AND MAIL ENTRY/SPONSORSHIP FORM WITH CHECK OR MONEY ORDER

- EAGLE Sponsor-\$900.00 BIRDIE Sponsor- \$600.00
- PAR Sponsor- \$300.00 Individual Player-\$200.00

TEE TIME REQUESTED: 8:30 am 1:30 pm

TIMES WILL BE ASSIGNED BASED UPON PAID ENTRY RECEIPT. FIRST COME –FIRST SERVE!!!

COMPANY/SPONSOR NAME: _____

Player #1- H'cap: _____

Player #2- H'cap: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: ____ (____) _____

Phone: ____ (____) _____

Player #3- H'cap: _____

Player #4- H'cap: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: ____ (____) _____

Phone: ____ (____) _____

Registration Deadline is October 13th

For more information, please call Cathy Harris (256) 401-4070 or email Cathy.Harris@cvhealth.net or Fax to (256)-401-4078

