



CLARION HOSPITAL &  
DAVID W. HUMPHREY  
MEMORIAL SCHOLARSHIP  
GOLF TOURNAMENT

**Friday, July 27, 2007 at Pinecrest Country Club**

**8:30 a.m. – Registration begins**

**10 a.m. – Shotgun start**

Approximately **3:30 p.m. – Helicopter Ball Drop**

**REGISTRATION FORM**

Company Name: \_\_\_\_\_  
 Team leader: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

I wish to show my support in the following ways:

- |   |                               |  |                           |
|---|-------------------------------|--|---------------------------|
| <input type="checkbox"/> Major Sponsor    | \$5,000 (includes golf for 4) | <input type="checkbox"/> Lunch           | \$1,500 (incl golf for 4) |
| <input type="checkbox"/> Dinner           | \$3,300 (incl golf for 4)     | <input type="checkbox"/> Putting Contest | \$600 (sponsor only)      |
| <input type="checkbox"/> Putting Contest  | \$1,100 (incl golf for 4)     | <input type="checkbox"/> Ten Carts       | \$300 (sponsor only)      |
| <input type="checkbox"/> Ten Carts        | \$800 (incl golf for 4)       | <input type="checkbox"/> 1st Place Prize | \$500 (sponsor only)      |
| <input type="checkbox"/> 1st Place Prize  | \$1,000 (incl golf for 4)     | <input type="checkbox"/> 2nd Place Prize | \$400 (sponsor only)      |
| <input type="checkbox"/> 2nd Place Prize  | \$900 (incl golf for 4)       | <input type="checkbox"/> 3rd Place Prize | \$300 (sponsor only)      |
| <input type="checkbox"/> 3rd Place Prize  | \$800 (incl golf for 4)       | <input type="checkbox"/> 4th Place Prize | \$200 (sponsor only)      |
| <input type="checkbox"/> 4th Place Prize  | \$700 (incl golf for 4)       | <input type="checkbox"/> 5th Place Prize | \$120 (sponsor only)      |
| <input type="checkbox"/> 5th Place Prize  | \$620 (incl golf for 4)       | <input type="checkbox"/> Hole Sponsors   | \$200 (sponsor only)      |
| <input type="checkbox"/> Hole Sponsors    | \$700 (incl golf for 4)       | <input type="checkbox"/> Special Prize   | \$100 (sponsor only)      |
| <input type="checkbox"/> Lucky Team Prize | \$100 (sponsor only)          |  |                           |

**Golfing @ \$125 ea = \$**

Team Members	Average Score/ Handicap	Dinner Selection (Choice of beef, chicken or fish)	Buy a Ball Drop Ticket \$10 ea
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

*Max.: Men-30 Women-35*

To be picked up at event

Return this form with your check to: Patti Bell  
 Clarion Hospital Foundation  
 One Hospital Drive  
 Clarion, PA 16214

**Sponsorship:** \$ \_\_\_\_\_  
**Golf:** \$ \_\_\_\_\_  
**Ball Drop Tickets:** \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

Checks should be made payable to **Clarion Hospital Foundation.**

Participation fee is **\$125 per person**, which includes greens fee, cart, continental breakfast, lunch and dinner. Credit card payments are accepted. **Due to limited space, no spot will be reserved until payment is received.**

The amount of the contribution that is deductible for federal income tax purposes is limited to the excess of any money contributed by the donor over the value of goods and services provided by Clarion Hospital. The hospital does not base its buying decisions on donations given.