31st Annual

Memorial Hospital Open Golf Tournament

Thursday, July 22, 2010

Wentworth Golf Club
Jackson, New Hampshire

SCRAMBE PLAY—SIX DIVISIONS

MEN: Division 1 = 0 to 7 Handicap; Division 2 = 8 to 15 Handicap; Division 3 = 16 Handicap & Up

(To be determined by the LOWEST handicap in foursome)

MIXED — WOMEN — JUNIORS

Schedule of Events

6:30—7:15 AM
Tournament Registration at
Wentworth Clubhouse for Morning Round Play

7:30 AM
Tee-Off/Shotgun Start for Morning Play

12:00 - 12:45 PM
Tournament Registration at Wentworth
Clubhouse for Afternoon Round Play

1:00 PM
Tee-Off/Shotgun Start for Afternoon Play

6:00 PM On
Under the Tent
Social Hour & Music
"Grazing on the Green" Buffet
Presentation of Prizes & Awards

Proceeds from this annual event benefit the healthcare services in our community!

Our goal for this year is to raise at least

$31,000

in honor of our 31st annual tournament!

ENTRY FEES

$125 for Individual Golfer (1 golfer + 1 "Grazing on the Green" ticket) OR

$250 for Team Sponsor (2 golfers & 2 "Grazing on the Green" tickets, plus team sponsor recognition in program and advertising)

ADDITIONAL "Grazing on the Green" TICKETS — $35

CALL US WITH QUESTIONS:
Memorial Hospital
Community Relations & Development
Tel. 356-5461, X264 or

E-mail: jphillips@memorialhospitalnh.org or joanlanoie@memorialhospitalnh.org

31st Annual Memorial Hospital Open Entry Form

SPONSOR NAME: ____
(If a Team Sponsor, the company/individual's name under which sponsorship should be listed)

Mailing Address: ___________________________ Tel. __________________________

Town: _____________________________________ State: ___ Zip Code:__________

1. GOLFER'S NAME:

____

Mailing Address: _____________________________Tel. __________________________

Town: _____________________________________ State: ____ Zip Code: ___________

Preferred Tee Time: ❑ 7:30 AM ❑ 1:00 PM
Handicap Index: (Must be completed) _____________ Unknown ❑

2. GOLFER'S NAME: ____

Mailing Address: _______________________________Tel. ________________________

Town: ___________________________State: _________________ Zip Code: _________

Preferred Tee Time: ❑ 7:30 AM ❑ 1:00 PM
Handicap Index: (Must be completed) _____________ Unknown ❑

3. PREFERRED FOURSOME:

____

Calculate Costs:

Golf Fees @ $125/golfer: $ _________
Extra Dinners @ $35 each: $ _________
TOTAL DUE: $ _________

PAYMENT INFORMATION

❑ My check (payable to the Memorial Hospital Open) is enclosed.
❑ Please reserve spaces indicated. I will remit payment not later than Friday, 7/2/2010 at 4pm.
❑ Please bill my credit card:
❑ VISA ❑ MasterCard ❑ American Express

Card Acct. No. (16 digits) **Expiration Date** (mm/yyyy)**:** ____/_____

— — — — — — — — — — — — — — — —

Name on credit card (PLEASE PRINT) _________________________________

Signature: _________________________________

PLEASE RETURN THIS FORM TO:
Memorial Hospital Open, Community Relations Office, P.O. Box 5001, North Conway, NH 03860-5001
OR BY FAX TO: (603) 356-8103