

## **2017 | PARTICIPANT & DINNER REGISTRATION**

Join us on Monday, May 22, 2017 at White Manor Country Club for a wonderful day of golf and celebration as we raise funds benefiting health services for women and children at Chester County Hospital.

## **Schedule of Events:**

Monday, May 22, 2017 at White Manor Country Club (831 Providence Rd, Malvern, PA 19355)

| 11:00AM | Registration Opens                                       |  |
|---------|--|--|
| 11:30AM | Lunch Begins   |  |
| 12:30PM | Shotgun Start  |  |
| 5:30PM  | Cocktail Hour  |  |
| 6:30PM  | Miracles & Memories Dinner with awards and presentations |  |

## **Registration Details:**

The Invitational is a scramble format. All player fees include greens fees, cart, gift, lunch, on-course refreshments, dinner & charitable donation. Dinner only participation includes cocktail hour and dinner. To participate, complete the Participant Registration Form. Space is limited; please register by May 1, 2017. If you have any questions, contact Lauren Roscovich at <a href="mailto:lauren.roscovich@uphs.upenn.edu">lauren.roscovich@uphs.upenn.edu</a> or 610.431.5328.

| Contac           | ct Name   |   |
|------------------|---|---|
| Compa            | any Name  |   |
| Addres           | SS  |   |
| City, State, Zip |   |   |
| Phone            |   |   |
| Email            |   |   |
| Partici          | pant 1  |   |
| Partici          | pant 2  |   |
| Partici          | pant 3  |   |
| Partici          | pant 4  |   |
| Level of Par     | ticipation:  Golf & Dinner Foursome               | \$1,200   |
|                  | Golf & Dinner Individual                          | \$300   |
|                  | Dinner Only Individual                            | \$120   |
|                  | Donation Only                                     | Amount:   |
| Payment Op       | otions: (check one)<br>Enclosed is a check for \$ | payable to "Willistown Auxiliary" (memo: FORE Health) |
|                  | Please charge my credit card                      |   |
|                  |   | _ Visa American Express Discover<br>Expiration Date   |
|                  |   | Signature:  |

## Please return this form:

- By Email to <a href="mailto:lauren.roscovich@uphs.upenn.edu">lauren.roscovich@uphs.upenn.edu</a>
- By Fax 610.738.2830
- By Mail to: The Chester County Hospital Foundation

Thank You. Your support is greatly appreciated! Please make a copy for your records. Donations are tax deductible to the extent allowable by law.



