

## Team Entry Form

If you are registering a team, please provide each player's personal contact information. **Due August 3, 2020.**

**Team or Company Name:** \_\_\_\_\_

**Name (Team Captain):** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name (Player 2):** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name (Player 3):** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name (Player 4):** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summit Pacific Medical Foundation

600 E. Main St., Elma, WA 98541

P: 360-346-2345 E: Foundation@sp-mc.org

www.SummitPacificMedicalCenter.org

**Thank you to everyone  
who participated in the 2019  
Celebrity Golf Tournament.**

**More than \$57,000 raised!**

The proceeds raised from last year's event supported Summit Pacific Medical Foundation's Campaign for Community Wellness and the construction of our new, state-of-the-art, 60,000 square foot Wellness Center.

**Thank You to last year's  
Major Sponsors**



**13<sup>th</sup> Annual Tournament**

**Please Join Us  
Friday, August 14, 2020**



**for a day of fun and  
friendly competition!**

*All proceeds benefit*

**SUMMIT PACIFIC**

## THE CAUSE

Our Foundation's mission is to provide financial assistance to Summit Pacific in ways that enhance the availability of quality healthcare services and programs for those living in the greater Grays Harbor community. The Foundation raises money through donations, grants and special events. Proceeds benefit the hospital district and the community at-large through the purchase of state-of-the-art equipment, facility upgrades, patient, staff and community education programs, support care for low-income patients and much more.



## 4-MAN SCRAMBLE TOURNAMENT INFORMATION

**Date:** Friday, August 14, 2020 **Time:** Check-In at 8:30 a.m.

**Location:** Salish Cliffs Golf Club, Shelton, WA 98584

**Cost:** \$185 Each Player, \$740 for a team

**Includes:** Greens fees, GPS enabled golf cart, driving range access, golf balls, snacks, two free beverages & BBQ dinner.

## ONLINE REGISTRATION NOW AVAILABLE

If you would like to register online, please visit [SummitPacificMedicalCenter.org](http://SummitPacificMedicalCenter.org) and look for "Celebrity Golf Tournament" under the Foundation tab or go directly to our page here: <http://bit.ly/SPMF-GOLF>.

## CELEBRITY AUCTION, RAFFLES & PRIZES

Keeping with tradition, we will be auctioning off a range of celebrities and golf pros to the highest bidding team. In addition, there will be mulligans and grenades to buy and prizes to win. A variety of course games will allow everyone an opportunity to take home a prize!

## "BEST DRESSED" CONTEST

All teams are automatically entered, so make sure you dress your best! The winning team will have their name and photo displayed in the hospital for one year. The team's name remains engraved on the plaque.



## DRESS CODE & COURSE RULES

Please visit [www.salish-cliffs.com](http://www.salish-cliffs.com) or call 360-462-3673 for more information.

## DINNER, AWARDS CEREMONY & SILENT AUCTION

**Time:** 4:30 p.m. or when tournament play ends. **Dinner cost is included with golf registration fee.** Enjoy great food, drinks and the silent auction while scores are tallied! **Extra dinner tickets are available for \$50; No host bar.**

**CALL 360-346-2345 OR EMAIL [FOUNDATION@SP-MC.ORG](mailto:FOUNDATION@SP-MC.ORG) FOR MORE INFORMATION.**



## Registration Form

If paying individually, each player needs to complete a registration form. If you are registering and paying for a team, please complete both the registration and team entry forms (found on reverse) OR register and pay online. <http://bit.ly/SPMF-GOLF>

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am registering/paying as an individual but I would like to golf with: \_\_\_\_\_

Individual Entry Fee (\$185) x \_\_\_\_\_ = \_\_\_\_\_

Team Entry Fee (\$740) x \_\_\_\_\_ = \_\_\_\_\_

Mulligans/Grenades (\$5) x \_\_\_\_\_ = \_\_\_\_\_

Extra Dinner Guests (\$50) x \_\_\_\_\_ = \_\_\_\_\_

I cannot attend but wish to donate = \_\_\_\_\_

Total to be paid = \_\_\_\_\_

Method of Payment:

Check  Cash  Credit Card  Invoice

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp: \_\_\_\_/\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Registration and payment are due **Monday, August 3, 2020**. Fees are non-refundable after this date. Please mail or email form to:

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