



**Golf Tournament
In Support of**



**May 19, 2010
Pine Ridge Golf Course**

The Central Speech & Hearing Clinic is pleased to announce its 3rd annual fundraising Golf Tournament (Texas Scramble format).

Please mark your calendars for Wednesday, May 19th, 2010 and reserve your spot for only \$225.00 per player or \$800.00 per team of 4.

Included with this notice is a registration form for you to fill out and return to us.

If you are the "early bird" type we are offering a reduced rate of \$200.00 per player or \$700.00 per team of 4 when payment (via a post dated cheque**) is received by March 31, 2010 ... ensuring that you will tee it up for a great round of golf and camaraderie.

Tournament Fees include, pre-golf luncheon, 18 holes of great golfing, power golf cart, one entry into putting contest, one entry into chipping contest, one entry at the hole in one contest, and a dinner with prizes afterwards.

Please note additional entries for the chipping and putting contest can be purchased.

Lunch Starts @ 11:00 am

The tournament features a Shot Gun start at 12:00 noon, a closest to the pin on two of the par 3 holes, a most accurate drive contest as well as the putting and chipping contests and the hole in one contest.

Cash Bar opens @ 5:00 pm

Dinner Starts @ 6:00 pm

You may also support the tournament via the following Sponsorship Levels:

Cochlear Implant Level (\$1,500.00*)

Includes 4 Player Entry (1 Team)
Sponsoring a hole
Event Signage
Dinner recognition
Opportunity to provide items as giveaways or prizes

Hearing Aid Level (\$1,000.00*)

Includes 2 Player Entry
Sponsoring a hole
Event Signage
Dinner recognition
Opportunity to provide items as giveaways or prizes

FM Level (\$750.00*)

Includes 1 Player Entry
Event signage
Dinner recognition
Opportunity to provide items as giveaways or prizes

Hole Sponsor Signage Only (\$200.00*)

Includes Event signage
Dinner recognition

* Cash commitment may be reduced with the donation of kind items; however a minimum of 70% of sponsorship must be cash

**Visa or MasterCard also accepted

Please make all cheques payable to:

Central Speech Golf Tournament

Unit 2 – 1325 Markham Road

Winnipeg, Manitoba

R3T 4J6

Please note donations of prizes are gratefully accepted.

For more information on reserving your spot or team for entering this tournament please contact one of the following people:

Brian Bruinsma @ 795-1088

Or e-mail your request to golf@centralspeech.ca

The **Central Speech & Hearing Clinic** is a non-profit organization whose mission is to help deaf and hearing impaired children and adults learn how to listen, hear, and speak, thereby allowing them to participate fully in the educational and social mainstream. A portion of the entry fee you pay for the tournament goes toward supporting this very worthwhile cause.

Please note: Pine Ridge Golf Club has a dress code in effect:

- Shirts must be worn at all times
- Soft spike shoes only (no metal spikes are allowed)
- Shirts with collars and sleeves are considered appropriate attire for men. Ladies tops must have either sleeves or a collar
- Shorts, must be tailored and a maximum of 6" above a bent knee. Brightly colored, floral or design shorts are not permitted to be worn on the Golf Course or in the Clubhouse.
- Denim and sweat pants are not permitted on the Golf Course or in the Clubhouse
- Tanks tops, Tee Shirts, Painted Shirts, Fish Net and Athletic Tops or Jerseys are not permitted
- Shoes must be worn in all areas of the clubhouse (except locker room)
- The wearing of headgear of any kind is not permitted (except Hearing Aids, Implants, or FM systems) throughout the Clubhouse area except the locker room

Unfortunately I cannot participate this year, but am pleased to support the tournament with the enclosed fully tax-deductible contribution in the amount of \$ _____

Name: _____

Company Name (if applicable): _____

Address: _____

City: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Cheque enclosed or Bill to credit card as follows Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Signature: _____

Please note when you pay by cheque or credit card it will not be cashed or charged until April 15, 2010 for any pre-payment received

Participants (fill out as many as applicable to your situation):

Please provide name and contact information for each team member.

Player #1 _____

Company Name (if applicable): _____

Address: _____

City: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Cheque enclosed or Bill to credit card as follows Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Signature: _____

Player #2 _____

Company Name (if applicable): _____

Address: _____

City: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Cheque enclosed or Bill to credit card as follows Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Signature: _____

Player #3 _____

Company Name (if applicable): _____

Address: _____

City: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Cheque enclosed or Bill to credit card as follows Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Signature: _____

Player #4 _____

Company Name (if applicable): _____

Address: _____

City: _____ Province: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Cheque enclosed or Bill to credit card as follows Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Signature: _____