

IMPORTANT!

To guarantee your opportunity to play, reservations must be received by

Friday, October 30



Golf Registration

Sunday, November 8, 2009 – 8:00 am Shotgun Start
The Westin Mission Hills Resort – Pete Dye Golf Course

7150 Ramon Road
Rancho Mirage, CA 92270

760-328-5955

Cost includes greens fees, breakfast and lunch. Check one:

\$169 per person \$630 per foursome – **Save \$46**

Name _____

Facility or Company _____

Address _____

City _____

State _____

ZIP _____

Phone _____

Fax _____

E-mail Address (Required to receive foursome list) _____

PREPAYMENT REQUIRED

Indicate Payment Method

Check VISA MasterCard American Express

Name on Card:

Account Number:

- - -

Exp. Date:

/

Signature: _____

All proceeds from the Convention Golf Tournament support the Paul Tunnell Scholarship Fund.

Return golf form with CAHF registration form and payment to:

California Association of Health Facilities
2201 K Street
Sacramento, CA 95816
or FAX to 916-441-6441

Single Player: List your foursome preferences

Foursome: Include foursome name (your company name or however you want to identify your foursome). Players names are optional.

FOURSOME NAME (IF PURCHASING A FOURSOME) _____

1. _____
2. _____
3. _____
4. _____

CAHF will e-mail the list of foursomes on or before Wednesday, November 4. If you do not include your e-mail address, you will not receive the foursome list.