

## Player Information

Please join us for a great afternoon of golf at York Hospital's 22nd Annual

# FRANK E. HANCOCK MEMORIAL GOLF TOURNAMENT TO BENEFIT YORK HOSPITAL'S FOR EVERY PATIENT CAMPAIGN

to be held

**SUNDAY,**

**SEPTEMBER 26, 2010**

at the

**YORK GOLF AND  
TENNIS CLUB**

A reception and sumptuous dinner will follow at the Old Clubhouse.

The tournament will begin promptly at 1:00 pm with a shotgun start. Teams should register by noon and be at their assigned tee by 12:45 pm.

Range balls will be provided for golfers.

*Come enjoy an afternoon of golf on a beautiful 18-hole course on the banks of the York River.*



## Join us for our 22nd Year!



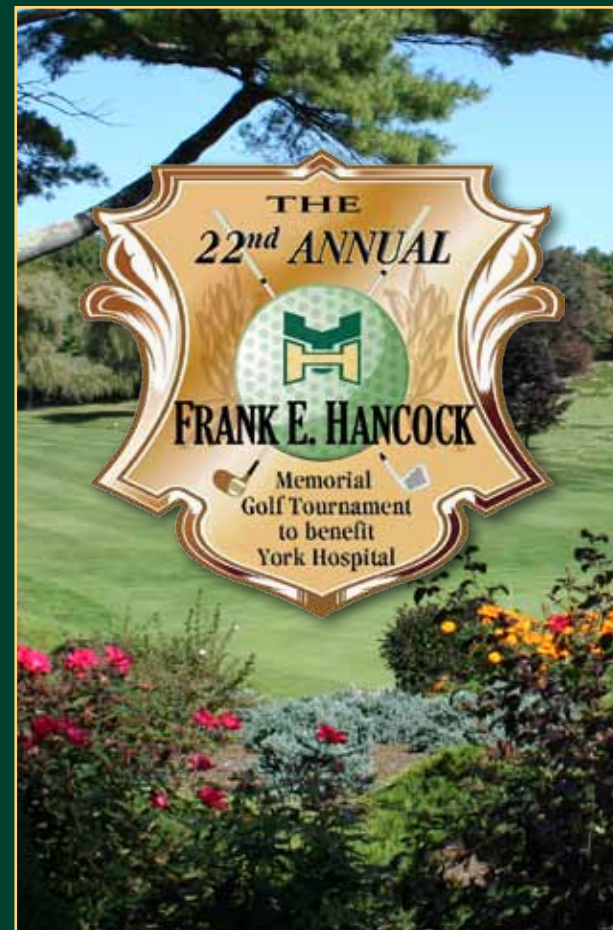
*Making unbelievable experiences happen every day.*

### Friendraising Office

15 Hospital Drive  
York, Maine 03909

phone 207-351-2021 • fax 207-351-2208  
email: fr@yorkhospital.com

## Player Registration



**September 26, 2010**  
(Rain Date September 28, 2010)

**York Golf  
and Tennis Club**

*Title Sponsors:*





## Reserve your spot now!

**The tournament is limited to 132 players. Registration is on a first come-first serve basis. Please note this tournament sells out quickly!**

### Registration Fee: \$150 per player

This fee includes all greens fees, golf cart rental, prizes, mementos and dinner.

### Dinner

Guests of players are invited to attend the dinner. Cost is \$35 per person.

### Rules:

- All four players hit ALL shots from best ball position.
- Foursomes must use each player's drive AT LEAST TWO times.
- Preferred lies everywhere.
- There will be prizes for Gross and Net winners; Longest Drive (Men's and Ladies 18<sup>th</sup> Hole); Nearest to the Pin (Men 17<sup>th</sup> Hole, Ladies 7<sup>th</sup> Hole).
- A new vehicle will be awarded for a hole-in-one on the 17<sup>th</sup> Hole (no mulligans).
- The 17<sup>th</sup> Hole is 135 yards, both Ladies and Men will hit from the same starting position.

*Mail this form with your payment to:*

*York Hospital  
Attn: Friendraising  
15 Hospital Drive  
York, ME 03909*

*Questions? Call 207-351-2021*



## Golf Registration Form

Please include \_\_\_\_\_ player spots for the 22<sup>nd</sup> Annual Frank E. Hancock Memorial Golf Tournament at \$150 each as follows:

**Player 1:** \_\_\_\_\_ shirt size: \_\_\_\_\_ handicap: \_\_\_\_\_

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

**Player 2:** \_\_\_\_\_ shirt size: \_\_\_\_\_ handicap: \_\_\_\_\_

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

**Player 3:** \_\_\_\_\_ shirt size: \_\_\_\_\_ handicap: \_\_\_\_\_

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

**Player 4:** \_\_\_\_\_ shirt size: \_\_\_\_\_ handicap: \_\_\_\_\_

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



## Dinner Guest Reservation

Please reserve \_\_\_\_\_ tickets at \$35 each for the dinner immediately following the tournament. (Note: Dinner is included for all tournament players.)

Guest 1 Name & Phone: \_\_\_\_\_

Guest 2 Name & Phone: \_\_\_\_\_



## Contact & Payment Information

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

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

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Method of Payment:  Check enclosed *(Made payable to York Hospital)*

Payroll Deduct Employee # \_\_\_\_\_ Signature \_\_\_\_\_

Credit card Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Security Code: \_\_\_\_\_ *(last three digits on back of credit card)* Amount: \_\_\_\_\_

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