

## **Join us for the 4<sup>th</sup> Annual Jack J. Brill, D.O. Memorial Golf Outing**

Proceeds will support Medical Education at St. John West Shore!

Wednesday, August 13<sup>th</sup>, 2008 at Grey Hawk Country Club

9:30am- Check-In

11am- Shotgun Start

Steak dinner and award presentation to follow in which team and skill prizes will be awarded

### **The Format:**

Shotgun Scribble (scramble on drive only)

Each player must use 2 drives

2 best balls of the foursome are used

### **Each Individual Golf Package Includes:**

Complimentary gift

Locker room usage

Practice range balls

Boxed lunch

18 holes of golf with a cart

2 beer/soft drink tickets

Steak dinner

### **Packages**

- Mulligan Package \$25/golfer: 2 mulligans and 1 raffle ticket
- Dinner Only \$50: Steak dinner and award presentation
- Individual golf package \$125

### **Sponsorships**

- Par Sponsorship \$500: Program listing and signage on tee
- Birdie Sponsorship \$750: Program listing and signage on tee, 2 individual golf packages
- Eagle Sponsorship \$1,500: Program listing and signage on tee, 4 individual golf packages
- Double Eagle Sponsorship \$3,000: Program listing and special signage on practice range and putting green, 8 individual golf packages

\*Tickets for mulligans, raffle prizes and 50/50 drawing will be available the day of the event.

**Registration:**

(This form and payment are required at time of registration)

Mulligan Package	_____ \$25
Dinner Only	_____ \$50
Individual Golf Package	_____ \$125

**Sponsorships**

Par Sponsorship	_____ \$500
Birdie Sponsorship	_____ \$750
Eagle Sponsorship	_____ \$1500
Double Eagle Sponsorship	_____ \$3000

I am unable to attend but please accept my 100% tax-deductible donation. \_\_\_\_\_

\$\_\_\_\_\_ Total Enclosed

\_\_\_\_ Check (payable to "West Shore Osteopathic Foundation")

\_\_\_\_ Visa    \_\_\_\_ MasterCard

Card # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Exp. Date \_\_ / \_\_

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

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

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

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

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Team Members: \_\_\_\_\_

\_\_\_\_\_

Mail by August 4th to:  
 West Shore Osteopathic Foundation  
 29101 Health Campus Drive – Suite 150 Attn: Marissa Starin  
 Westlake, OH 44145