



Wednesday August 22nd 2018

Lake of Isles, Foxwoods Resort Casino

Join us at Lake of Isles — the #1 golf destination in New England. Community Health Network of Connecticut Foundation, Inc. is a non-profit, tax-exempt 501(c)(3) charitable organization that promotes the importance of healthcare for underprivileged children and families.

### Schedule

10:30 a.m. – Registration & Luncheon Buffet

12:00 p.m. – Shotgun Start (Scramble Format)

5:00 p.m. – Dinner, Cocktails & Raffle

### IMPORTANT INFORMATION

Incomplete foursomes will have players assigned on a random basis to complete the grouping. In the event of inclement weather, rain checks will be provided by Lake of Isles for play at the players' convenience (some restrictions apply). In the event of inclement weather, please join us for cocktails, dinner, and the raffle, beginning at 5 p.m.

**GOLF FEE INCLUDES:** Golf cart, range balls, bag tag & tees, locker room, lunch, dinner, and complimentary cocktail hour. The amount of your contribution that may be deductible for federal income tax purposes is limited to the excess of your contribution over the fair market value of any goods or services provided to you by the Foundation. The estimated fair market value of the goods or services provided to you by the Foundation is \$220.00 per golfer.

**Questions? 203.949.4150 or [csgolf@chnct.org](mailto:csgolf@chnct.org)**



Detach and mail this portion to CHNCT Foundation, Inc. Mail to: 11 Fairfield Blvd., Wallingford, CT 06492, or pay online at [www.cscottgolf.org](http://www.cscottgolf.org). Make checks payable to CHNCT Foundation, Inc.

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

# of golfers @ \$275.00 each = \$ \_\_\_\_\_ enclosed

Attending dinner only: \$75.00 per person = \$ \_\_\_\_\_ enclosed

Sorry, I cannot attend, but please accept my donation of \$ \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

### PLAYER INFORMATION

1 Name \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

2 Name \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

3 Name \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

4 Name \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

*By signing this form, I grant CHNCT Foundation permission to link to my website and/or social media sites, and use my company name on its website and/or social media sites, as well as in any of its electronic or printed materials related to this event.*

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a copy of this form for your records.

