



2ND ANNUAL ROBERT L. RUTHERFORD, D.P.M. MEMORIAL GOLF TOURNAMENT



WEDNESDAY, JUNE 4TH, 2008

THE CALIFORNIA SCHOOL OF PODIATRIC MEDICINE'S STUDENT BODY ASSOCIATION IS PLEASED TO ANNOUNCE IT'S THE 2ND ANNUAL ROBERT L. RUTHERFORD D.P.M. MEMORIAL GOLF TOURNAMENT INCLUDING LUNCH AND DINNER ON WEDNESDAY, JUNE 4TH, 2008. THIS IS A FUNDRAISING EVENT HELD IN DR. RUTHERFORD'S HONOR TO BENEFIT STUDENTS AT THE CALIFORNIA SCHOOL OF PODIATRIC MEDICINE. MONEY RAISED WILL HELP FUND EDUCATIONAL GUEST SPEAKERS, CEREMONIAL GATHERINGS AND DEVELOPMENTAL WORKSHOPS.

**WE SINCERELY HOPE THAT YOU WILL JOIN US ON WEDNESDAY, JUNE 4TH,
FOR AN AMAZING DAY OF GOLF, FOOD, AND EVENTS.**

GOLF TOURNAMENT FORMAT

FOUR PERSON SCRAMBLE
PRIZES FOR THE WINNING TEAM

SPECIAL PRIZES

- CLOSEST TO PIN
- LONG DRIVE
- PUTTING
- HOLE IN ONE

PROGRAM FOR THE DAY

- 12:30 P.M. REGISTRATION & LUNCH
WARM UP
- 1:30 P.M. SHOTGUN START
FOUR PLAYER SCRAMBLE
- 6:00 P.M. COCKTAILS
- 6:30 P.M. DINNER AND PRIZES

THIS EVENT WILL TAKE PLACE AT THE BEAUTIFUL **MONARCH BAY GOLF CLUB – TONY LEMA GOLF COURSE** LOCATED AT 13800 MONARCH BAY DRIVE, SAN LEANDRO, CA 94577. FOR DIRECTIONS CONTACT THE GOLF COURSE AT (510) 895-2162.

ENTRY FEE

THE ENTRY FEE OF **\$150 PER PERSON** AND INCLUDES GREEN FEES, CART FEES, RANGE BALLS FOR WARM UP, PRIZES, GOODIE BAGS, LUNCH, AND DINNER.

REGISTRATION FORMS ARE DUE NO LATER THAN MAY 26TH.

FIRST 72 PLAYERS TO REGISTER WILL RECEIVE A COMPLIMENTARY GOLF WINDBREAKER!!!

SPONSORS – HOLE SPONSORSHIPS ARE ALSO AVAILABLE AND GREATLY APPRECIATED.
FOR FURTHER TOURNAMENT INFORMATION, PLEASE CONTACT
KEVIN BLUE AT (206) 963 – 6290 OR CARLA ROSS AT (510) 869-6618

-----**RETURN THIS FORM BY MAY 26TH, 2008**-----

IF YOU ARE REGISTERING AS A SINGLE, PLEASE COMPLETE THE "FIRST PLAYER" AND YOU WILL BE PLACED ON A TEAM. IF YOU HAVE A COMPLETE FOURSOME PLEASE BE SURE TO LIST THE NAMES AND ADDRESSES OF YOUR PLAYING PARTNERS.

FIRST PLAYER

NAME:

ADDRESS:

PHONE: _____

EMAIL: _____

SECOND PLAYER

NAME:

ADDRESS:

PHONE: _____

EMAIL: _____

THIRD PLAYER

NAME:

ADDRESS:

PHONE: _____

EMAIL: _____

FOURTH PLAYER

NAME:

ADDRESS:

PHONE: _____

EMAIL: _____

MAKE CHECKS PAYABLE TO: SAMUEL MERRITT COLLEGE (AND NOTE "GOLF TOURNAMENT" IN THE MEMO AREA)

IF YOU WOULD LIKE TO PAY WITH CREDIT CARD, PLEASE FILL OUT THE FOLLOWING, OR CALL CARLA ROSS AT (510) 869-6618

CREDIT CARD TYPE: VISA MASTERCARD

NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY NUMBER ON BACK OF CARD: _____

AMOUNT TO CHARGE CREDIT CARD: _____

PLEASE FILL OUT AND RETURN TO:
SAMUEL MERRITT COLLEGE
OFFICE OF DEVELOPMENT AND ALUMNI AFFAIRS
450-30TH STREET, SUITE 2840
OAKLAND, CA 94609