

## Registration Form

**Company Name:**

\_\_\_\_\_

**Contact Person:**

\_\_\_\_\_

**Mailing address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**In the event of inclement weather  
the *contact person* will be called.  
The event will be rescheduled.**

**Names of golfers in your  
group:**

1. \_\_\_\_\_

\_\_\_\_ Yes, this golfer is  
staying for dinner.

2. \_\_\_\_\_

\_\_\_\_ Yes, this golfer is  
staying for dinner.

3. \_\_\_\_\_

\_\_\_\_ Yes, this golfer is  
staying for dinner.

4. \_\_\_\_\_

\_\_\_\_ Yes, this golfer is  
staying for dinner.

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## **Our mission**

*The mission of Ann Silverman  
Community Health Clinic is to  
provide free medical care, dental  
care and social services for any  
eligible person that seeks help.*

*The clinic is made possible by 237  
volunteers, including doctors,  
nurses, dentists, dental hygienists  
and support staff; by Doylestown  
Hospital which contributes facilities  
and services; and through generous  
contributions from our community.*



**595 W. State Street  
Doylestown, PA 18901**

**Phone: 215-345-2260**

**Fax: 215-489-7236**

**E-mail: [freeclinic@dh.org](mailto:freeclinic@dh.org)**

**[www.aschealthclinic.org](http://www.aschealthclinic.org)**

*The official registration and financial  
information of Ann Silverman Community  
Health Clinic may be obtained from the PA  
Dept. of State by calling toll free, within  
Pennsylvania, 1-800-732-0999. Registration  
does not imply endorsement.*

## **16th Annual**

### **Ann Silverman Community Health Clinic**

## **Golf Classic**



***All proceeds benefit  
free healthcare for  
uninsured residents in  
our community.***

**July 22, 2013**

**Doylestown Country Club**

**16th Annual Ann Silverman  
Community Health Clinic  
Golf Classic**

**July 22, 2013  
Doylestown Country Club**

**Join us for  
great golf  
while raising  
money to  
support free  
healthcare  
for the  
uninsured  
in our  
community.**



**OUTING SCHEDULE:**

**11:00am** Registration

**11:30am** Lunch

**12:30pm** Shotgun Start  
(Shamble Format)

**5:30pm** Cocktails

**5:45pm** Dinner

**6:15pm** Prizes

**Thank you to  
our major sponsors**

**Platinum Sponsor**

*Still Available*

**Gold Sponsor**

*Stanley W. Cooper, Inc.*

**Silver Sponsors**

*Mesquito Grille*

*Penn Color*

*Univest*

**Cart Sponsor**

*Berkadia*

**19th Hole Sponsor**

*Monument Bank*

**Lunch Sponsor**

*Still Available*

**Dinner Sponsor**

*Marvin Woodall*

**Putting Green Sponsor**

*Still Available*

**Registration Form**

***Please complete and  
return by July 18, 2012.***

***Mail or Fax to:***

**Ann Silverman  
Community Health Clinic  
595 W. State Street  
Doylestown, PA 18901  
FAX: 215-489-7236**

***For questions:***

**Phone: 215-345-2947  
Email: freeclinic@dh.org**

**Enclosed is payment  
for:**

**\_\_\_\_\_ \$10,000 Platinum  
Sponsor (includes 8 golfers)**

**\_\_\_\_\_ \$2,500 Putting Green  
Sponsor (includes 4 golfers)**

**\_\_\_\_\_ \$2,500 Lunch Sponsor  
(includes 4 golfers)**

**\_\_\_\_\_ \$1,500 Hole Sponsor  
(includes 4 golfers)**

**\_\_\_\_\_ \$500 Hole Sponsor  
(no golfers)**

**\_\_\_\_\_ \$250 One Golfer**

**\_\_\_\_\_ \$50 Dinner Guest Only**

**NOTE: Golf, cart, lunch,  
dinner and cocktails are  
included in the price for  
each golfer.**

**\_\_\_\_\_ I am unable to attend.**

**Enclosed is my donation.**

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