

Vallejo Marina Lions

In Collaboration with

Sutter Solano Charitable Foundation



To benefit

Lions Eye Foundation and the
Lions Wilderness Camp for
Deaf Children

&

Sutter Solano Medical Center's
Cancer Survivorship Program &
Transportation Services

Join Us at the Lions'

12th Annual Golf Tournament

Sunday, August 16, 2009 at 12 p.m.



Blue Rock Springs East Golf Course, Vallejo

Featuring: \$50,000 HOLE IN ONE

Scramble Format

Entry fee of \$125 per golfer includes:

- greens fee with cart
- lunch & two free drinks
- photo of foursome
- tee prizes, including ten raffle tickets
- pool-side BBQ dinner following tournament

BBQ Dinner

Prizes

Dinner Only Guests are only \$15 (age 12 & up)

Children welcome - playground, mini-golf, swimming pool

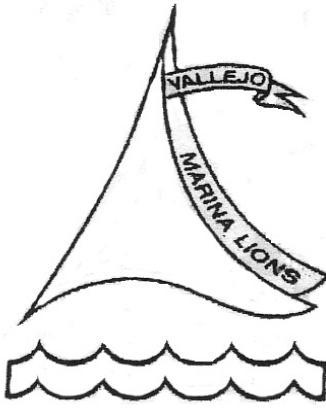
RSVP requested by: July 31, 2009

Contact Michael Bauman at 707-554-5025 for more information.

Sutter Solano Charitable Foundation

300 Hospital Drive, Suite 1054

Vallejo, CA 94589



Net proceeds will benefit
Sutter Solano Medical Center's
Cancer Survivorship Program
& Transportation Services

Schedule of Events

- 10 a.m. – Golfers Registration & PSA Screening
- 10:15 a.m. – Putting Contest Opens
- 11:30 a.m. – Putting Contest Ends
- 12 p.m. – Shotgun Start
- 2 p.m. – Elks Club Opens Up
- 6 p.m. – Barbeque Dinner & Program

Sutter Solano
Charitable Foundation
300 Hospital Drive, #1054
Vallejo, CA 94589
707-554-5025 (PH)
707-554-5298 (FX)

CHARITABLE GOLF TOURNAMENT

Sunday, August 16th, 2009
Blue Rock Springs East Golf Course

Registration Deadline: July 31, 2009

Golfer Registration is \$125 (\$500 for foursome):

1. Name _____
E-Mail or Phone _____
Handicap / Average Score (circle one) _____
2. Name _____
E-Mail or Phone _____
Handicap / Average Score (circle one) _____
3. Name _____
E-Mail or Phone _____
Handicap / Average Score (circle one) _____
4. Name _____
E-Mail or Phone _____
Handicap / Average Score (circle one) _____

Dinner Only Guests are \$15 (age 12 & up):

1. Name _____
E-Mail or Phone _____
2. Name _____
E-Mail or Phone _____
3. Name _____
E-Mail or Phone _____
4. Name _____
E-Mail or Phone _____

- I/We are unable to participate, but would like to donate:
\$ _____
- Enclosed is a check for \$ _____ (payable to SSCF)
- Please charge: Visa MasterCard
 Discover American Express

Credit card #: _____ Exp. Date: _____

Amount: \$ _____ Name: _____

- Please send information on sponsorships.