



**Omnicare**

*presents the:*



**Check in begins at 10:00 a.m.**

**Shotgun start at 11:00 a.m.**

**Sleepy Hollow Golf Club**

**3780 Sleepy Hollow Drive**

**Hurricane, WV**

**Early Bird Registration Fee:**

\$125 (per golfer postmarked by May 23rd)

**Regular Registration Fee:**

\$150 (per golfer after May 23rd)

*Includes green fees, cart rentals, food & prizes!  
A portion of your registration may be tax deductible!*

**GOLF REGISTRATION DEADLINE:**

**JUNE 6, 2008**

### **June 23, 2008 Golf Tournament Registration**

Company: (If applicable) \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list members of your foursome registering. Otherwise, teams will be assigned:**

Player Name: \_\_\_\_\_ Shirt Size \_\_\_\_\_ Hdcp./Avg. Score \_\_\_\_\_

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Player Name: \_\_\_\_\_ Shirt Size \_\_\_\_\_ Hdcp./Avg. Score \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ (*\$125 Early Bird expires after May 23rd*)

Check Amount \$ \_\_\_\_\_ Payable to the WV Health Care Foundation

Credit Card:    \_\_\_ MasterCard    \_\_\_ Visa    \_\_\_ AmEx

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

*Fax Golf Registration to 304-342-0519 or mail to:  
WVHCA, 110 Association Dr., Charleston, WV 25311*