



THE 2ND
VINCENT ACQUISTO
MEMORIAL GOLF TOURNAMENT

Friday, October 4, 2013
The Course at Wente Vineyards
Livermore, CA

Join us for a day of fun and networking,
as we raise funds for The Bili Project
Foundation* in memory of Vincent
Acquisto

**The Bili Project Foundation is dedicated to early detection and awareness of Hepatobiliary Cancer.*

TOURNAMENT DETAILS

1. **Tournament Format:** Scramble/ Shotgun start
2. **Tee-time:** 10:00 AM
3. **Course Dress Code:** Collared shirts, Bermuda length shorts, no metal spike golf shoes
4. Prizes for tournament winners, Putting Contest, Marshmallow Drive, Longest Drive, Closest to Pin (Best Man and Woman)
5. Raffle and silent auction to benefit The Bili Project Foundation in the name of Vince Acquisto

Registration Fee*:

Individuals - \$195

Foursome - \$780 (*register a foursome by June 1 and get a \$100 discount*)

**Registration fee includes green fees, golf cart, continental breakfast, buffet dinner and drinks*



4101-F Dublin Blvd. #320 Dublin, CA 94568
Phone: (925) 828-4532 | Fax: (925) 828-4538
Email: office@hfma-nca.org

Many Sponsorship Opportunities Available
Contact: Barry K. Brown
(707) 454-2050 | barry@rashcurtis.com



THE 2ND
VINCENT ACQUISTO
MEMORIAL GOLF TOURNAMENT

Friday, October 4, 2013
The Course at Wente Vineyards

5040 Arroyo Road, Livermore, CA
<http://www.wentevineyards.com/golf>

Register online at www.hfma-nca.org

Cancellation Process: A 50% refund of the registration fee will be granted if cancellation is received 30 days prior to the tournament. Substitutions are permitted. Refunds will be in the form of original payment. Cancellations must be made in writing by email to office@hfma-nca.org or by fax to (925) 828-4538. For questions, call (925) 828-4532.

TOURNAMENT REGISTRATION

Please fill out the form and fax to (925) 828-4538

Do you have preferred partners for your foursome? Please check: Yes No
If so, please list the names and contact information below.

Primary Contact

Phone _____ Email _____

Attending dinner? Yes No

Registrant #3

Phone _____ Email _____

Attending dinner? Yes No

Registrant #2

Phone _____ Email _____

Attending dinner? Yes No

Registrant #4

Phone _____ Email _____

Attending dinner? Yes No

Dinner Guest 1

Dinner Guest 2 _____

Dinner Guest 3

Dinner Guest 4 _____

REGISTRATION FEES

SCHEDULE OF EVENTS

Foursome	x \$780	\$
<i>Includes green fees, golf cart, continental breakfast, buffet dinner and drinks (register a foursome by June 1 and get a \$100 discount)</i>		
Individual Player	x \$195	\$
<i>Includes green fees, golf cart, continental breakfast, buffet dinner and drinks</i>		
Social Event/Dinner only	x 50	\$

Registration 8:30 am
Putting Contest
Continental Breakfast
Scramble/Shotgun start 10:00 am
Cocktail Reception
and Silent Auction 3:30 pm
Dinner 5:00 pm
Please contact office@hfma-nca.org if you or your guest want a vegetarian meal

Please charge VISA MasterCard AMEX Discover

Card # _____

Expiration Date _____ CVC # _____

Cardholder's Name _____

Billing Address _____ City, State, Zip _____

If paying by check, please send check payable to HFMA Northern California along with the registration form, to 4101-F Dublin Blvd. #320, Dublin, CA 94568



HFMA Northern California Chapter
4101-F Dublin Blvd. 3320
Dublin, CA 94568
Phone: (925) 828-4532
Fax: (925) 828-4538