



THE 4TH VINCENT ACQUISTO MEMORIAL GOLF TOURNAMENT

Monday, October 12, 2015
Lakeside Course, Blackhawk Country Club
Danville, California



TOURNAMENT DETAILS

1. **Tournament Format:** Scramble/Shotgun start
2. **Tee-time:** 10:00 AM
3. **Course Dress Code:** Collared shirts (tucked in for men), 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. Silent Auction to benefit The Bili Project Foundation* in the name of Vince Acquisto

Registration Fees:

Individuals - \$195
Foursome - \$780
Dinner Social Only - \$50

Tournament registration fee includes green fees, golf cart, welcome reception, buffet dinner and drinks

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

For more info, visit: <http://thebiliproject.org/>

 **hfma**™ northern california chapter
healthcare financial management association

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

Sponsorship Opportunities are Available!

Contact Bob Keith, Sponsorship Chairperson
(707) 454-2042 | Bob.keith@rashcurtis.com



**THE 4TH
VINCENT ACQUISTO
MEMORIAL GOLF TOURNAMENT**

**Monday, October 12, 2015
Lakeside Course, Blackhawk Country Club**

599 Blackhawk Club Dr, Danville, CA 94506
<http://www.blackhawkcc.org/>

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 3

Dinner Guest 2

Dinner Guest 4

REGISTRATION FEES

SCHEDULE OF EVENTS

_____ Foursome x \$780	\$
<i>Includes green fees, golf cart, welcome reception, buffet dinner and drinks</i>	
_____ Individual Player x \$195	\$
<i>Includes green fees, golf cart, welcome reception, buffet dinner and drinks</i>	
_____ Social Event/Dinner only x 50	\$

Registration 8:30 am
Putting Contest
Welcome Reception
Scramble/Shotgun start 10:00 am
Cocktail Reception
and Silent Auction 4:00 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 _____



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Dublin, CA 94568
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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