

Registration Form

Company Name: _____

Contact Person: _____

Mailing address: _____

Phone: _____

Email: _____

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.

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

Detach here ↓

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 191 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

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.

14th Annual

Ann Silverman Community Health Clinic

Golf Classic



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

July 25, 2011

Doylestown Country Club

14th Annual Ann Silverman
Community Health Clinic
Golf Classic

July 25, 2010
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
- 5:30pm Cocktails
- 6:00pm Dinner
- 6:15pm Prizes
- 6:30pm Raffle Drawing

***Thank you to
our sponsors***

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Gold Sponsor

Still available

Silver Sponsor

Mesquito Grille

Cart Sponsor

Jones Apparel Group

19th Hole Sponsor

Monument Bank

Lunch Sponsor

Univest

Dinner Sponsor

Marvin Woodall

Registration Form

*Please complete and
return by July 20.*

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

← Detach here ←

**Enclosed is payment
for:**

- ___ \$1,500 Hole Sponsor
(includes 4 golfers)
- ___ \$500 Hole Sponsor
(no golfers)
- ___ \$250 One Golfer
- ___ \$50 Dinner Guest Only

Lunch, dinner and cocktails
are included in the price for
each golfer.

I am unable to attend.

Enclosed is my donation.