

About CF Foundation: Their mission is to assure the development of the means to cure and control cystic fibrosis and to improve the quality of life for those with the disease.



Cystic fibrosis is an inherited chronic disease that affects the lungs and digestive system of about 30,000 children and adults in the United States. A defective gene and its protein product cause the body to produce unusually sticky mucus that clogs the lungs and obstructs the pancreas.



About the course: Established in 1961, Alta Vista Country Club is a private, classic 18-hole, par 72 championship golf club. Centrally located in northern Orange County, Alta Vista measures more than 6,500 yards of beautifully manicured fairways and greens – with six sets of tees to meet every golfer’s needs.

The course is built over a naturally rolling terrain and features 89 sand bunkers, majestic pines, and lakes that come into play on several holes.



Thank You Sponsors

Presenting



Beverage Carts



Lunch



Dinner



Grand Prize



Putting Contest



19th Hole



On-Course Games



The benefits of good hard work:

Orange County Association
of Health Underwriters
1442 E. Lincoln Avenue PMB 441
Orange, CA 92865-1934

Phone: 866-921-6440, ext. 3 | Fax: 858-408-2671
orangecountyahu@yahoo.com
ocahu.org



Presented By:



Alta Vista Country Club
777 E. Alta Vista Street
Placentia 92870

The Fun Starts EARLY!

9:30 a.m.
Check-In and Putting Contest

11:00 a.m.
Lunch

11:30 a.m.
Shotgun Start (Scramble Format)

**Immediately Following the
Tournament
Approx. 5 PM**
19th Hole Refreshments,
Dinner, Award Presentation
and Raffle Drawings



**Proceeds from this tournament
benefit the Cystic Fibrosis
Foundation Orange County
Chapter.**

How to PARTICIPATE

Super Ticket Package: SUPER DEAL \$225
Entry fee includes: Golf & Super Ticket (scratcher card for prizes, 10 raffle tickets, 1 Grand prize ticket, 2 mulligans and entry into all course contests), Lunch & Awards dinner.

Individual Player: \$175
Entry fee includes: Golf, Lunch & Awards dinner.

SPONSORSHIP Opportunities

Questions? Contact Event Chairman Juan Lopez at juan.lopez1@me.com or Gail James Clarke at orangecountyahu@yahoo.com

Presenting: SOLD to Kaiser Permanente \$5,000
Includes: Golf Super Ticket Package for 8 golfers, Tee sign, Social media advertisement, Opportunity to give welcome speech, Lunch and Awards dinner.

Lunch: SOLD to Word & Brown \$3,500
Includes: Golf Super Ticket Package for 4 golfers, Tee sign, Company banner near Habit Truck, Lunch and Awards dinner.

Dinner: SOLD to Regal Medical Group \$3,000
Includes: Golf Super Ticket Package for 4 golfers, Tee sign, Company banner in dining room, logo tent signs on each table in dining room, Lunch and Awards dinner.

Beverage Carts: SOLD to Warner Pacific \$2,750
Includes: Golf Super Ticket Package for 4 golfers, Tee sign, Company logo sign on beverage carts and opportunity to ride along with beverage cart employee, Lunch and Awards dinner.

Grand Prize: SOLD to AGA \$2,500
Includes: Golf Super Ticket Package for 4 golfers, Tee sign, Opportunity to pull Grand Prize raffle ticket and present prize, Lunch and Awards dinner.

Golf Carts: \$2,500
Includes: Golf Super Ticket Package for 4 golfers, Tee sign, Company logo on golf carts, Lunch and Awards dinner.

Helicopter Ball Drop: \$2,000
Includes: Golf for 4, Tee sign, Opportunity to announce ball drop winner, Lunch and Awards dinner.

19th Hole: SOLD to Blue Shield of CA \$2,000
Includes: Golf for 4, Tee sign, Logo on drink tickets, Sponsor table in bar area, Lunch and Awards dinner.

Putting Contest: SOLD to Blue Shield | Trio \$2,000
Includes: Golf for 4, Tee sign, Putting Contest named after you/company, Lunch and Awards dinner.

Driving Range, Mani-Pedi Truck or On-Course Games SOLD to Colonial Life \$1,000
Each sponsorship includes: Golf for 2, Tee Sign, Lunch and Awards dinner.

\$100,000 Shoot-Out Sponsor \$750
Includes: Tee Sign, Lunch and Awards dinner.

Closest to Pin: (Total of 4 Available) \$500
Includes: Tee sign, Lunch and Awards dinner.

Tee: Includes Tee sign. \$350

ENTRY Form

Please complete and return by **April 1, 2019.**
Cancellation Prior to April 1st - 50% penalty
Non- refundable after April 1st

Company: _____

Contact: _____

Names of Entries in my Foursome/Two some are:

1. _____

2. _____

3. _____

4. _____

Address: _____

City & Zip: _____

Phone: _____

Email: _____

Can we count on you for a gift card, raffle prize donation or goodie bag item?

Gift Card Yes No

Goodie Bag Item Yes No

Raffle Prize Yes No

PARTICIPATION Level

- | | |
|---|---------|
| <input type="checkbox"/> Super Ticket Package SUPER DEAL! | \$225 |
| <input type="checkbox"/> Individual Player Package | \$175 |
| <input type="checkbox"/> Dinner Only | \$50 |
| <input type="checkbox"/> Golf Carts Sponsor | \$2,500 |
| <input type="checkbox"/> Helicopter Ball Drop Sponsor | \$2,000 |
| <input type="checkbox"/> Driving Range Sponsor | \$1,000 |
| <input type="checkbox"/> Mani-Pedi Truck Sponsor | \$1,000 |
| <input type="checkbox"/> \$100,000 Shoot-Out Sponsor | \$750 |
| <input type="checkbox"/> Closest to Pin Sponsor | \$500 |
| <input type="checkbox"/> Tee Sponsor | \$350 |

Please make check payable to:

**Orange County Association of Health Underwriters
(OCAHU)** Return completed form and payment to:
1442 E. Lincoln Ave., PMB 441 Orange, CA 92865

OR pay online with a credit card: ocahu.org



CREDIT CARD AUTHORIZATION FORM

Please submit this form for every credit card charge made at the event.

Name of Event: 23rd Annual Take a Swing Fore the Cure Golf Tournament

Date of Event: April 15, 2019 @ Alta Vista Country Club - Placentia

ITEM PURCHASED: _____

1. Amount to be charged: \$ _____

2. Cardholder's Name: (Please Print) _____

3. Email Address to send Charge Receipt: _____

4. Contact Phone Number: _____

Contact name, if different from Cardholder: _____

5. Credit Card Billing Address:

Street Address	City	State	Zip
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6. Card Type:

AMEX Card # _____ / _____
 o Security Code – 4 digit, front of card _____ Expiration Date

Discover Card # _____ / _____
 o Security Code – 4 digit, front of card _____ Expiration Date

MasterCard # _____ / _____
 o Security Code – 3 digit, back of card _____ Expiration Date

Visa Card # _____ / _____
 o Security Code – 3 digit, back of card _____ Expiration Date

7. Signature _____ Date _____

OCAHU
(Tax ID: 33-0188496)

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