



## SATURDAY AUGUST 16<sup>TH</sup>, 2025

ATTEND THE 10<sup>th</sup> ANNUAL CHARITY OPEN At Shuswap Lake Golf Course at Blind Bay

REGISTRATION DEADLINE: JULY 16<sup>TH</sup>, 2025

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☐ Fours	some	\$1,000
Add 4 ext	<b>Extra Dinner Ticke</b> tra dinner tickets to you er and auctions with frie	r foursome and enjoy
Re	servations may be made	e for tables of 8
portion i	ceipt for \$80 will be issu in the name of each pay I payee names and addr	ee, so please include
	e also supply email add icating event informatio	•
Golfer #1	Name	
Email		
Street Ad	dress	
City	Postal Code	Phone
Method o	of Payment: $\square$ CHQ $\square$ M	C □VISA □CASH
Card #		
Name on	Card	<del></del>
Expiry Da	te:/	CVV:
Signature	:	

(Must be 19+ to play)

Golfer #2 Name			
Email			
Street Address			
City Postal Code Phone			
Method of Payment: $\Box$ CHQ $\Box$ MC $\Box$ VISA $\Box$ CASH			
Card #			
Name on Card			
Expiry Date:/ CVV:			
Signature:			
Golfer #3 Name			
Email			
Street Address			
City Postal Code Phone			
Method of Payment: □CHQ □MC □VISA □CASH			
Card #			
Name on Card			
Expiry Date:/ CVV:			
Signature:			
Shuswap Hospital Foundation Box 265			
Salmon Arm, BC V1E 4N3			
Ph: 250-803-4546			
fiona.harris@interiorhealth.ca			

trudy.tehennepe@interiorhealth.ca

Golfer #4 Name			
Email			
Street Addres	SS		
City	Postal Code	Phone	
Method of Payment: $\Box$ CHQ $\Box$ MC $\Box$ VISA $\Box$ CASH			
Card #			
Name on Card			
Expiry Date:	/	CVV:	
Signature:			

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## **TOURNAMENT FORMAT**

'Shotgun' start at 1:00pm

4 Person Scramble - Team Score only

## **TOURNAMENT INCLUDES:**

- Golf Passport (Your entry into all event activities)
- Take out Lunch
- 18 Holes
- Shared power cart
- 4 Hole-in-One Prize Opportunities
- Golf prizes to be awarded
- Gourmet Dinner
- Silent and Live Auctions
- On-site raffles
- On Course Fun

Please print and complete the registration form. Then email or mail to the Shuswap Hospital Foundation.