

2015 Golf Classic



Friday, June 12

**WINTONBURY HILLS GOLF COURSE
BLOOMFIELD, CT**



**WINTONBURY HILLS
GOLF COURSE**

The Wintonbury Hills Golf Course is a beautifully-conditioned course in a peaceful and relaxing setting. It is Pete Dye's first championship design in New England. The 6,711 yard, Par 70 layout has a combination of open links-style and traditional tree-lined holes to provide golfers a challenging and enjoyable round of golf.

Ranked #6 Municipal Golf Course in the U.S.A.
- Sports Illustrated's Golf.com

Proceeds from this day of golf will help improve access to oral health care through the efforts of the Connecticut Oral Health Initiative (COHI), a non-profit organization.

Through advocacy, coalition building and education, COHI works to create a public conscience that results in "Oral Health for All."

**8:00 AM- PRE-REGISTER & BREAKFAST
9:00 AM- SHOTGUN STARTS
AWARDS LUNCHEON TO FOLLOW GAME**

*Register today,
Grab your Clubs,
Drive the ball....
Support Oral Health
in Connecticut*

Entry Fees:

\$150 per Player

\$600 per Team

Early Registration:

By May 12, 2015

\$125 per Player

\$500 per Team

***Come and enjoy a complete
program of special events:***

- *Green fees*
- *Golf carts*
- *Bag drop*
- *PGA Scoring*
- *Shotgun Start*
- *Prizes*
- *Breakfast*
- *Mid-morning snacks*
- *Awards Luncheon*

Prizes and Contests

- *Hole in One*
- *Closest to the pin*
- *Longest drive*
- *Putting Contest*
- *50/50 Raffle Contest*

COHI's 2015 Annual Golf Classic – June 12th

Wintonbury Hills Golf Club, Bloomfield, CT

Registration Form

Team Contact Person: _____

Company/Organization Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell: _____

Email: _____

Team/Recognition Name: _____

Please include names of golfers, contact info and handicaps:

Please include names of additional golfers on a separate sheet.

NAME	ADDRESS	EMAIL	HANDICAP

Foursome: \$600 or individual Golfer \$150

SAVE— \$100 off for Foursome, \$25 off for Individual Golfers, if payment received by May 12th

Method of Payment: () Check (enclosed, payable to COHI) () Visa () MasterCard

Credit Card Number: _____

Expiration Date: _____ Total: _____

Cardholder Signature: _____

THANK YOU for Your Support

Return by mail to: COHI, 175 Main Street, Hartford, CT 06106

Questions, contact us: Phone: 860.246.2644 Email: info@ctoralhealth.org