

DETAILS ABOUT THIS EVENT:

The golf tournament is designed as a scramble.
There will be prizes for:

- Longest drives
- Closest to the pin

The deadline for registration is August 31st. All registration fees include a golf cart.



EAGLE CREST
R E S O R T

RIDGE COURSE POLICIES:

- Due to OLCC regulations, all alcoholic beverages must be purchased at Eagle Crest Golf Facilities. No coolers will be allowed.
- Private golf carts prohibited.
- This course is a **SPIKELESS** course.
- Players must show up at least 20 minutes before the tee time.

Tee times for this tournament start at 1:00 pm.



YOU'RE INVITED!

Central Oregon
Occupational Safety and Health
Conference
September 22 and 23, 2010

Please join us for the 2010 Central Oregon Occupational Safety and Health Conference at Eagle Crest Resort, co-sponsored by the Central Oregon Safety and Health Association and Oregon OSHA.

Questions regarding the conference?
Call the Conference Section at
(503) 378-3272

Central Oregon
Safety & Health Planning Committee's
Hospitality Night
September 21, 2010

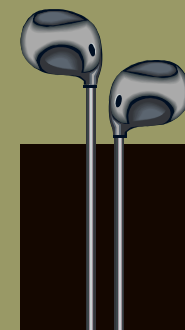
The planning committee would like to invite golfers to an evening of appreciation following the golf tournament at Eagle Ridge Resort, located at 8515 Golden Pheasant Court. Claim your golf tournament prizes and enjoy the refreshments!

2010 COSHA GOLF TOURNAMENT

**COSHA
CONFERENCE
KICK-OFF**

SEPTEMBER 21ST

**EAGLE CREST
RESORT COURSE**



SPONSORSHIP OPTIONS



ADVERTISE YOUR COMPANY LOGO

- Hole sponsorship.....\$100

*Company's advertisement at the Tee!

Due to printing specifics, the deadline for logo advertisements is August 31st.

SPONSOR A PRIZE

- HOLE IN ONE!.....\$_____

- Longest drive.....\$75

- Closest to the pin.....\$75

- BEST DEAL!.....\$185*

*Hole sponsorship + day of golf!

Questions?

Contact COSHA:

Cory C. Stengel
(541) 388-6068
www.cosha.org

REGISTRATION FORM



COST PER PLAYER \$90.00

*The registration fee includes two carts per foursome and an invitation to the COSHA Hospitality Event
See the back of the form for details...

- To be assigned to a foursome:

Name: _____

Name: _____

- To predesignate your foursome (list all players within foursome)
(registration for all players must be in by September 14th to be placed together)

Name: _____

Name: _____

Name: _____

Name: _____



- Club Rental\$20.00 Right handed _____ Left handed _____

Method of Payment

- Check
 Visa
 MasterCard
 American Express
 Discover

Number of players _____ = \$ _____

Club Rental \$20.00 x _____ = \$ _____

Sponsorship Amount = \$ _____

Credit Card # _____ Exp. date _____

Signature _____

TOTAL = \$ _____

Name _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please complete this form and mail to
COSHA GOLF TOURNAMENT
PO BOX 6476

BEND, OR. 97708

Donation is tax deductible. **COSHA** is a 501(c)(3) Corporation Tax ID# 93-1234637