



## Serving for Women's Health Services

### Join us for a Round Robin Tennis Event

**Saturday, May 24, 2008**

Round Robin

**11 am - 1 pm**

Luncheon

**1 - 2.30 pm**

- You are Invited to Play
- Women and Men
- All Levels Welcome
- Levels Matched
- \$500 Per Player
- Sponsor a Friend
- Corporate Sponsorship

Event to Benefit  
Women's Health Services  
at Las Campañas Spa  
and Tennis Center

LAS CAMPANAS



SANTA FE



WOMEN'S HEALTH SERVICES



*The Right of Inspiration.*



**Serving for Women's Health Services**

Round Robin Tennis Event on **May 24, 2008** at 11 am - 1 pm



**WOMEN'S HEALTH SERVICES**  
*Celebrating 35 Years as a non-profit organization*

**Player's Information**

Player's Name:

Sponsor's Name:

**Sponsor Pledge Information**

Name	Mailing Address	City	State	Zip	Phone	Email	Payment
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16						<b>Event Grand Total Pledge</b>	

**\$500**  
 minimum  
 pledges to play



## Serving for Women's Health Services

### Player/Sponsor Agreement

1. To play or sponsor a player please make a donation to Women's Health Services in the amount of \$500. (100% tax deductible)
2. Sponsor a player by asking your family, friends and business associates.
3. Minimum to sponsor or play is \$500 per player. (No limits on sponsors)

LAS CAMPANAS



SANTA FE

*The Right of Inspiration.*

### Player Instructions

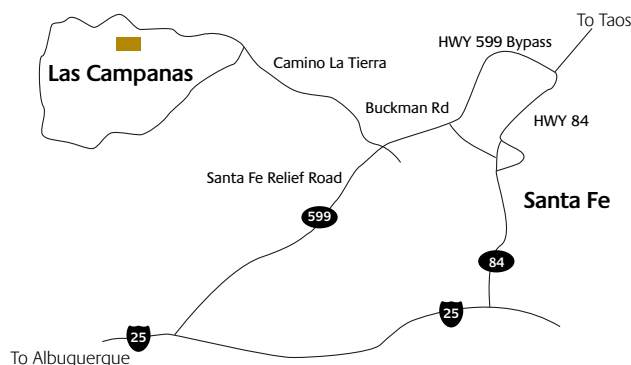
1. Arrive on Saturday May 24, 2008 at 10.30 at Las Campanas Tennis Courts to register. Round Robin Tennis Event is from 11 am - 1 pm and complimentary luncheon and awards from 1 - 2 pm.
2. Players will be matched in advance by their level of play.
3. Please check player's level:

Player's Name: \_\_\_\_\_

Level 1 (2.5 - 3.0) \_\_\_\_\_ Female \_\_\_\_\_

Level 2 (3.0 - 3.5) \_\_\_\_\_ Male \_\_\_\_\_

Level 3 (3.5 - 4.0) \_\_\_\_\_



### Player/Sponsor Agreement

Player/Sponsor's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ I agree to pledge/donate the amount below to WHS.

### Method of Payment

Amount of Pledge/Donation \_\_\_\_\_

Cash \_\_\_\_\_

Check \_\_\_\_\_

Credit Card \_\_\_\_\_

Card type:  Visa  Mastercard  American Express  Discover

Account # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

For more information or to register for the Round Robin Event please contact Women's Health Services

www.womenshealthsantafe.org mperryman@whssf.org T: 505 955 9491

Please return registration form to Women's Health Services by fax to 505 955 9492

or mail Women's Health Services 901 West Alameda, Suite 25 Santa Fe NM 87501

Women's Health Services is a 501 (c)3 nonprofit organization. Your contribution is 100% tax deductible.



WOMEN'S HEALTH SERVICES  
Celebrating 35 Years as a non-profit organization