Space limited! Sold out last year – register early!

HSHS St. Clare Memorial Hospital Annual Golf Classic

Saturday, September 17, 2016 River Island Golf Course, 100 River Island Drive, Oconto Falls 9 hole scramble

Please fill out the form on the back and mail to HSHS St. Clare Foundation, Attn: Ann Senn, 855 S. Main St. Oconto Falls WI 54154 or email to ann.senn@hshs.org.

Online registration is available at https://scmhgolfclassic.eventbrite.com

For questions or inquiries regarding registration or sponsorship opportunities call or email Ann Senn at 920-848-6369 or ann.senn@hshs.org **Tentative Schedule:**

Registration: 12:30 – 2:00 p.m. Tee off: 2:00 p.m. Awards: approximately 5:30 p.m. Dinner on the grill: approximately 6:00 p.m.

Guests tickets also available.

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Hosted by HSHS St. Clare Foundation

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\$1500 Gold Sponsors: (Sponsor benefits include Hole Sponsorship, recognition on all day-of event promotional materials, clubhouse recognition including table tents and recognition on carts)	\$
\$1000 Silver Sponsors: (Sponsor benefits include Hole Sponsorship and recognition on all day-of event promotional materials and clubhouse recognition including table tents)	\$
\$500 Bronze Sponsors: (Sponsor benefits include Hole Sponsorship and recognition on all day-of event promotional materials)	\$
☐ Team Sponsor \$500: (Foursome included, green fees, snack bag, dinner, tees and balls, 1 drink ticket, 5 raffle tickets for each golfer and cart for each pair. Sponsor benefits include Hole Sponsorship and recognition on all day-of event promotional materials and clubhouse recognition)	\$
 Other Sponsorships: Meal Sponsorship \$1500Cart Sponsor \$1000Beverage Sponsor \$1000 Water Sponsor \$350Hole Sponsorship \$100 Prize Sponsor (monetary donation of choice to help defray cost of prizes) \$ Other (value/description): 	\$
Individual golfer (9 holes) \$60 (includes green fees, cart, snack bag, dinner, tees and balls, 1 drink ticket, 5 raffle tickets)	\$
Guest dinner ticket \$20 per person includes dinner, drink ticket & 5 raffle tickets # of Tickets:	\$
TOTAL	\$

Please fill out foursome or individual golfer information below			Staying for dinner
Golfer 1	Name	Email	V NI
	Address	Phone	Y N
Golfer 2	Name	Email	X N
	Address	Phone	Y N
Golfer 3	Name	Email	V _ NI
	Address	Phone	Y N
Golfer 4	Name	Email	V. N
	Address	Phone	Y N

$_$ Enclosed check, payable to HSHS St. Clare Foundation, 855 S. Main St., Oconto Falls, WI 54154

Credit card

Name on card:	(Circle one): Visa $/$	Master Card $/$ American Express $/$ Discover
Card Number:	Exp. Date:	CSV from back of card:

Signature: _____

Please invoice me

Sponsors and those being invoiced:

Company/Individual Name (as will appear on promotional materials for sponsors):

Mailing Address: _____

Phone #: ______ Email: _____

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GENERAL NOTICE Photographer on Premises: A photographer may be on site to document this golf outing. Photographs are the sole property of HSHS St. Clare Foundation. By registering for and attending this event, attendees understand that HSHS St. Clare Foundation may use the likeness for future promotional purposes. If you do not wish to be photographed, please notify the photographer and/or videographer on site.