Team Sponsor / Name:
Contact:
Business Address:
Phone:
Please provide the following information for all four players:
Name:
Address:
Shirt Size: S M L XL XXL
Phone:
Name:
Address:
Shirt Size: S M L XL XXL
Phone:
Name:
Address:
Shirt Size: S M L XL XXL
Phone:
Name:
Address:
Shirt Size: S M L XL XXL
Phone:

Send checks made payable to:

HMHD Foundation
Attn: Victoria Woodrow,
Foundation Director
PO BOX 429
McLeansboro, IL 62859-0429

For Questions, please call (618) 643-5863





Golf Scramble
Friday, September 25, 2015





\$750 Eagle Level includes tee signs, golf, cart. shirts and lunch for 4 players. recognition as major sponsor in advertising S500 Birdie Level includes tee sign, golf, cart, shirts and lunch for 4 players \$300 Par Level includes tee sign, golf, cart, and lunch for 4 players ☐ \$75 per Player includes golf, cart, and lunch \$150 Sponsorship includes tee sign No, I am unable to attend the outing, but would like to contribute to this worthy cause. Please indicate flight preference: Morning Afternoon AMILTON MEMORIAL HOSPITAL Hamilton Memorial Hospital Foundation