

Hospital Open Tournament

2019 REGISTRATION



GOLFER 1 or Individual Golfer

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State Zip _____

I am registering individually, but would like to golf with: _____

I am registering individually, please assign me to a foursome.

GOLFER 2

Name _____

Address _____

Phone Number _____

State Zip _____

Email Address _____

City _____

GOLFER 3

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State Zip _____

GOLFER 4

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State Zip _____

The above foursome is sponsored by: _____
Company Name

DINNER/MUSIC ONLY

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State Zip _____

_____ # of golfers @ \$175 per golfer \$ _____

_____ # Dinner/Music only @ \$50 \$ _____

Additional Donation \$ _____

Total \$ _____

- Enclosed is a check for the total amount
 Bill my credit card ___ Visa ___ MC ___ AmEx ___ Disc

Card # _____ Exp Date _____ CVV _____

Signature _____ Date _____

Return this form and make checks payable to:
Sauk Prairie Healthcare Foundation
260 26th Street, Prairie du Sac, WI 53578