

Registration Form continued...

Company: _____

Contact: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Golfers Names:

1. _____

2. _____

3. _____

4. _____

Dinner Only

1. _____

2. _____



Spooner Golf Club
W6120 County Highway H
Spooner, WI 54801
715-635-3580

2nd Annual

**Spooner Health System
Golf Outing**



Winners will receive:

1st Place—\$500 (\$125 each)

2nd Place—\$300 (\$75 each)

3rd Place—\$200 (\$50 each)



There will also be numerous prizes given out for hole events and other games!



819 Ash Street
Spooner, WI 54801
Phone: 715-635-2111



**Wednesday
August 12, 2009
Spooner Golf Club**

2nd Annual

Spoooner Health System Golf Outing

Date: Wednesday, August 12, 2009

Time: 1:00 p.m. Shotgun Start

6:00 p.m. Dinner

Where: Spooner Golf Club

Proceeds will be used to support special capital projects at Spooner Health System-Nursing Home.



Spoooner Health System's mission is to provide high quality health care.

Spoooner Health System is comprised of a 25-bed Critical Access Hospital, a 90-bed Skilled Nursing Facility, and Home Care.

Hole Sponsorships

PLATINUM Sponsorship

- Entry for a 4 person team
- 4 sponsorship shirts

GOLD Sponsorship

- Entry for 2 players
- 2 sponsorship shirts

SILVER Sponsorship

- Entry for 1 player

Golf Scramble

\$75 per person

- 18 holes of Golf
- Golf Cart
- Hole Events
- Dinner
- Awards and Prizes



* A portion of your cost is tax deductible.

Dinner Only

Cost for non-golfers interested in dinner only at 6:00 p.m. is \$25 per person. Pre-registration is required.

Registration/Sponsorship Form

- I want to be a PLATINUM Sponsor (\$1,000)
- I want to be a GOLD Sponsor (\$500)
- I want to be a SILVER Sponsor (\$200)
- Please register _____ playing participant(s) (\$75 each)
- I would like to attend the dinner only (\$25) # attending _____
- I am unable to attend, but would like to donate \$ _____.

Total _____

Please be sure to fill out the information located on the back of this page when sending in payment.

If you have any questions or would like more information please contact Crystal Potter at 715-635-1227 or cpotter@spooonerhealthsystem.com.

Mail Payment and Registration Form by **August 1st** to:

Spoooner Health System
Attn: Crystal Potter
819 Ash Street
Spoooner, WI 54801