

**Mail To:** Monica Sedelmeier • 1101 9th St SE Sioux Center, IA 51250 • monica.sedelmeier@siouxcenterhealth.org • (712) 722-8415*To register & pay for an entire team, enter each golfer's name completely to ensure they are registered.***Golfer 1**Full Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_**Golfer 2**Full Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_**Golfer 3**Full Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_**Golfer 4**Full Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_**Fees**

(Program, golf, pink tees, cart, meals and prizes)

\_\_\_\_\_ Foursome \$400  
\_\_\_\_\_ I cannot attend but would  
like to contribute \$ \_\_\_\_\_  
toward the Sioux Center  
Health Foundation  
Scholarship Fund**Meals**To help us reach an accurate meal  
count, please indicate how many  
in your team will be attending:Number \_\_\_\_\_  
Spouse tickets (\$25) \_\_\_\_\_**Pink Tees**Men tee off of women's tee box  
and women tee off 150 yard mark.  
More details will be explained at  
the tournament.

\_\_\_\_\_ \$5 per golfer = \$20

**Tournament Sponsorships**\_\_\_\_\_ Platinum \$2500  
Up to four golfers  
Hole signage  
Logo in the program & announce during the event  
Logo in the thank you ad  
\_\_\_\_\_ Gold \$1000  
Hole signage  
Name listed in the program & announce during the event  
Name listed in the thank you ad\_\_\_\_\_ Silver \$500  
Share hole signage with 1 other sponsor  
Name listed in the program & announce during the event  
Name listed in the thank you ad\_\_\_\_\_ Bronze \$250  
Share hole signage with 2 other sponsors  
Name listed in the program  
Name listed in the thank you ad

\_\_\_\_\_ Other \$ \_\_\_\_\_

**Deadline Date** Tuesday, August 2**TOTAL \$** \_\_\_\_\_**Payment Information**

\_\_\_\_\_ Check (payable to Sioux Center Health Foundation)

\_\_\_\_\_ Credit Card: \_\_\_\_\_ Master Card  
\_\_\_\_\_ Visa  
\_\_\_\_\_ Discover  
\_\_\_\_\_ American ExpressCardholder Name \_\_\_\_\_  
Credit Card No. \_\_\_\_\_  
Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_  
Cardholder Phone No. \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_