

Golf Information

- Shotgun start at 10:00 a.m.
- 4 Person Best Shot format.
- Free gifts given at registration.
- Dinner service begins approximately 4:00 p.m. for those finishing early.

Pick-A-Putt

\$20 each ticket

Limit two per Team.

Tickets can be purchased day of event.

Win a Great Raffle Prize!

\$500 Cash

Additional raffle tickets may be purchased in advance or the day of event.

- One ticket for \$10
- Two tickets for \$15

Need not be present to win.

Drawing to take place June 9.



Individual Golf Fee

\$115 per person if paid & postmarked by June 1

\$140 per person if paid & postmarked after June 1.

Includes green fee, breakfast rolls, coffee, lunch, dinner and a cart to share with a partner (one cart for two people). Plus, a chance to win raffle prize.

Sponsorships Available

Platinum Sponsor - \$1100

Includes golf for four people and eight raffle tickets.

Gold Sponsor - \$600

Includes golf for two people and four raffle tickets.

Silver Sponsor - \$400

Includes golf for one person and two raffle tickets.

Bronze Sponsor - \$300

Includes two raffle tickets.

All sponsors will be recognized at the event.

Dinner Only

\$15 per person

Dinner will be served beginning at approximately 4:00 p.m.

Sign up at www.bvrmc.org or send in Registration Form below:

Return ASAP - number of golfers may be limited.

Deadline June 1, 2021

Business/Organization Name (Please print) _____

(If applicable) _____

Name _____

Address _____

City, State, Zip _____

Phone _____

E-Mail _____

YES! I wish to be a Sponsor.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Platinum \$1100 | <input type="checkbox"/> Silver \$400 |
| <input type="checkbox"/> Gold \$600 | <input type="checkbox"/> Bronze \$300 |

Golfer Name (s) (Please print): _____

_____ Individual Golf Fee: \$115 - if paid by June 1
\$140 - if after June 1

_____ Dinner only (Non-Golfer) \$15 each

_____ Number of additional Raffle Tickets
Need not be present to win.

_____ I can't join you but would like to donate:

\$ _____

Total amount due \$ _____

**Make checks payable to
Buena Vista Regional Healthcare Foundation**

**Please return to:
Buena Vista Regional Healthcare Foundation
1525 West 5th Street, P.O. Box 309
Storm Lake, IA 50588**

