



**Hancock County Memorial
Hospital Foundation
GOLF Open**

**FRIDAY, AUGUST 20, 2010
GARNER COUNTRY CLUB**

SCHEDULE

**7:30 a.m. REGISTRATION/COFFEE
8:00 a.m. Shotgun Start
1:30 P.M. Meal
2:00 P.M. Prizes & Awards**

**Four Person Best Shot*
Team: \$180
Individual: \$45**

****Please note the change in format this year to a FOUR PERSON BEST SHOT.***

CART RENTAL

FOR CART RENTAL, PLEASE CONTACT GARNER COUNTRY CLUB AT 641-923-2819.

IF YOU NEED TO RENT A CART, PLEASE CONTACT THE COUNTRY CLUB BEFORE THE TOURNAMENT. THIS WILL ALLOW THEM TO HAVE ENOUGH CARTS ON HAND.)

TEE BOX OR GREEN SPONSORS, \$150 each

A SIGN WITH YOUR ORGANIZATION'S NAME WILL BE PROMINENTLY DISPLAYED AT THE TEE BOX, GREEN, OR BOTH AND RECOGNITION WILL BE GIVEN IN THE PRINTED PROGRAM.

PROCEEDS

PROCEEDS FROM THIS YEAR'S EVENT WILL BE USED TO UPDATE INPATIENT ROOMS AT HCMH. THE HCMH FOUNDATION IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO SUPPORT HANCOCK COUNTY MEMORIAL HOSPITAL AND ITS CLINICS.

FOR MORE INFORMATION

PLEASE CONTACT TAMMY MISSMAN, FOUNDATION/MARKETING DIRECTOR AT 641-843-5150 OR E-MAIL missmant@mercyhealth.com

Register Early. Entries must be received by August 9, 2010.

REGISTRATION FORM

**HANCOCK COUNTY MEMORIAL
HOSPITAL FOUNDATION
GOLF OPEN
FRIDAY, AUGUST 20, 2010
GARNER COUNTRY CLUB**



TEAM 1

1. _____
2. _____
3. _____
4. _____

TEAM 2

1. _____
2. _____
3. _____
4. _____

PAYMENT:

- _____ TEAMS x \$180
- _____ INDIVIDUAL x \$45
- _____ TEE OR GREEN SPONSOR x \$150
- _____ RAFFLE TICKETS x \$10
- _____ DONATION
- _____ TOTAL ENCLOSED

Check enclosed

Visa MasterCard Discover

Card Number: _____ - _____ - _____ - _____ Expiration Date ____ / ____

Print name as it appears on card: _____

Signature: _____

MAIL REGISTRATIONS TO:

HCMH FOUNDATION

532 1ST ST NW

BRIE, IA 50423

Fax: 641-843-5101

missmant@mercyhealth.com

REGISTER EARLY. ENTRIES MUST BE RECEIVED BY AUGUST 9, 2010.