



Van Diest Medical Center Foundation

3rd ANNUAL GOLF OUTING REGISTRATION FORM

Sunday, September 16th, 2018 | 1:00 p.m.

Briggs Woods Golf Course

Registrant Information:

First Name

Last Name

Company/Organization (If Applicable)

Street Address

City

State

Zip

Email Address

Phone Number

Check One:

\$50 Individual Golfer

\$200 Foursome

Additional Golfers

Golfer 2 Name _____ Email _____ Phone _____

Golfer 3 Name _____ Email _____ Phone _____

Golfer 4 Name _____ Email _____ Phone _____

Payment Method:

Cash

Check (Make check payable to: VDMC Foundation Golf Outing)

Credit Card

Please return completed form and payment to:

Van Diest Medical Center, Attention: Lori Foster, 2350 Hospital Drive, Webster City, IA 50595.



Van Diest Medical Center Foundation

3rd ANNUAL GOLF OUTING SPONSORSHIP FORM

Sunday, September 16th, 2018 | 1:00 p.m.

Briggs Woods Golf Course

Sponsorship Levels:

EAGLE EVENT

SPONSOR \$500

- Complimentary foursome (\$200 value)
- Business logo printed on event program
- Recognition at meal/reception

BIRDIE EVENT

SPONSOR \$350

- Complimentary foursome (\$200 value)
- Business name listed on event program
- Recognition at meal/reception

PAR HOLE / TEE

SPONSOR \$150

- Business name on promotional signage displayed on the course

Name(s) for Recognition Purposes:

Company/Organization (If Applicable)

Contact First Name

Last Name

Street Address

City

State

Zip

Email Address

Phone Number

I prefer to make this gift anonymously

Please find my donation to the Van Diest Medical Center Foundation Golf Outing enclosed

Payment Method:

Cash

Check (Make check payable to: VDMC Foundation Golf Outing)

Credit Card

Please return completed form and payment to:

Van Diest Medical Center, Attention: Lori Foster, 2350 Hospital Drive, Webster City, IA 50595.