Van Diest Medical Center Foundation

**7thANNUAL GOLF OUTING SPONSORSHIP FORM**

Sunday, September 25th, 2022 | 9:00 a.m.

Briggs Woods Golf Course

Sponsorship Levels:

* EAGLE EVENT SPONSOR $500
* Complimentary foursome ($250 value)
* Business logo on event program and banner
* Recognition at event meal/reception
* BIRDIE EVENT SPONSOR $350
* Complimentary foursome ($250 value)
* Business name listed on event program
* Recognition at event 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

To Register your team, please fill out the form on Page 2.

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.

***Form must be completed by Monday, September 19th to be included in program promotion.***

Van Diest Medical Center Foundation

**7thANNUAL GOLF OUTING REGISTRATION FORM**

Sunday, September 25th, 2022 | 9:00 a.m.

Briggs Woods Golf Course

Registrant Information:

|  |
| --- |
|  |
| First Name  |  | Last Name  |  |
|  |
| Company/Organization (If Applicable) |
|  |
| Street Address | City State Zip  |
|  |
| Email Address | Phone Number  |
|  |

🞎 We will provide our own golf carts

Additional Golfers

Golfer 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Golfer 3 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Golfer 4 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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