

Van Diest Medical Center Foundation

# 8<sup>th</sup> ANNUAL GOLF OUTING REGISTRATION FORM

Friday, September 22<sup>nd</sup>, 2023 | 12:00 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

We will provide our own golf carts

## 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)

Please send invoice

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 Friday, September 15<sup>th</sup> to be included in program promotion.*