

**Welcome**  
**'Tee off with us**  
**"fore"**  
**better health'**

**18-Hole**  
**4-Person Scramble**  
**\$85.00 per player ~ \$500 Per Team**

**Pines Golf Course**

**12:00pm/Noon - Shotgun Start**

Golf Cart & Practice Balls Included  
Hole Event Prizes/Tee Gift

Low Gross Winners  
Low Net Winners

\$10,000 Hole-In-One Cash Prize

(1/2 to the winner 1/2 to the Foundation)

Lunch 10:45am-11:45am  
Dinner & Awards 5:00pm

**Unable to Make The Golf Event?**

**Join Us For Dinner!**

**\$20.00 per person**

**Sunday ~ June 25, 2006**

Lake Arrowhead Pines Golf Course

**Golf Event Registration**

**Team Sponsor \$500 per team**

Includes: 4 golfers, carts, lunch, dinner and 8 drink coupons. **PLUS a hole sponsored in your name!**

or

**\$85.00 per player**

Registration deadline June 17, 2006

Name Phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Dinner Only**

\$20.00 per person

Name Phone

1. \_\_\_\_\_
2. \_\_\_\_\_

**Total Amount Enclosed**

**\$ \_\_\_\_\_**

Checks made payable to:

Memorial Healthcare Foundation

Return Golf Registration fees to:

Marge Edwards  
Memorial Healthcare Foundation  
PO Box 40  
Friendship, WI 53934  
(608-339-8371)

**Memorial Healthcare Foundation**

**Hole Sponsorship**

If you are interested in being a hole sponsor the cost will be \$100 per hole. Checks should be made payable to the Memorial Healthcare Foundation Golf Outing and mailed to the address listed below. A sign will identify sponsors at the clubhouse and on the selected tees throughout the golf course. **All sponsorship information must be turned into the Healthcare Foundation by June 17, 2006.**

**Sponsor #1:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation: \$ \_\_\_\_\_

**Sponsor #2:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation: \$ \_\_\_\_\_

**Sponsor #3:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Checks made payable to:

Memorial Healthcare Foundation

Return Hole Sponsorship fees to:

Marge Edwards  
Memorial Healthcare Foundation  
PO Box 40  
Friendship, WI 53934