SoutheastHFAI TH Foundation's **27th Annual Golf Tournament** Benefits SoutheastHEALTH Foundation Patient Care Fund



Friday, September 17, 2021 | Dalhousie Golf Club

REGISTRATION FORM

18 holeContineLunch i	ER FEE INCLUDES: es of Golf, Cart & Greens ental Breakfast – 7:00 a. is provided, in addition to s following the session	m.	 FORMAT: 4 Person Scramble Amateur Golfers Only Shotgun Start 7:30 a.m. or 1 p.m.
Session:	Morning Aftern	oon (Please indicate which se	ession you prefer)
Sponsored By			
Business N	Mailing Address		
Contact Name		Email	Phone
Player 1	Name		_ Email
Player 2	Name		_ Email
Player 3	Name		_ Email
Player 4	Name		_ Email
(Details on	-	Skins & Mullig Skins - \$40 Pe	gans r Team 🔲 Mulligans - \$40 Per Team
Premier Sponsor		Destine end	

Payment

Amount \$_____

CHECK (Payable to SoutheastHEALTH Foundation)

CREDIT CARD: Visa Discover MC AmEx Credit Card #

Name on card

Exp Date: ____/____

Security Code_____



Executive Sponsor

Principal Sponsor

Supporting Sponsor

Partner Sponsor

Hole Sponsor

Major Sponsor

Payment must be received prior to the tournament. Please return completed form and payment to: SoutheastHEALTH Foundation | 1849 Broadway | Cape Girardeau, MO 63701 or register online at SEhealth.org/golf