



FIFTEENTH ANNUAL GOLF TOURNAMENT

Shawnee Hills Country Club, Harrisburg, Illinois

FRIDAY, JUNE 2, 2017
(RAIN DATE: JUNE 9, 2017)

Circle Tee Time Preference: 9:00 a.m. or 1:30 p.m.

Team Sponsor: _____ Team Captain: _____

TEAM MEMBERS

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

- How many carts will you be able to provide? _____ THANKS! Providing your own carts enables us to donate even more for needed equipment at HMC.
- My team will need _____ carts

Tee times will be assigned on a first come, first served basis. Please return your team's entry form and entry fee of \$600 by **May 19, 2017.**

Team sponsorship donations can be deducted at \$400 as the cost of meals and green fees may not be deducted.

Return to: Courtney Drone
Harrisburg Medical Center Foundation
100 Dr. Warren Tuttle Drive
PO Box 428
Harrisburg, Illinois 62946

Please make checks payable to:
HMC Foundation

THANK YOU!