

*Sign up deadline*

*Monday, August 23rd*

*18 Holes* (\$100/person)     *9 Holes* (\$60/person)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Team Name or Sponsor \_\_\_\_\_

Men's     Woman's     Mixed

**PLAYERS**

1) \_\_\_\_\_

\* Handicap \_\_\_\_\_

2) \_\_\_\_\_

\* Handicap \_\_\_\_\_

3) \_\_\_\_\_

\* Handicap \_\_\_\_\_

4) \_\_\_\_\_

\* Handicap \_\_\_\_\_

**PUT ME ON A TEAM**

Sheridan Memorial Hospital Foundation  
PO Box 391  
Sheridan, WY 82801



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Sheridan WY 82801



NONPROFIT  
ORGANIZATION  
US POSTAGE PAID  
SHERIDAN WY  
PERMIT NUMBER 93

Return Service Requested



1<sup>st</sup> Annual  
Sheridan Memorial Hospital  
Foundation  
**Golf Tournament**

Friday  
August 27, 2010




*Four Man Scramble*  
*\$100 per Player*  
*Shotgun Start: 1:00 p.m.*


*11:00 a.m. - 12:30 p.m. Registration*




## Tournament Information:


 18 Hole, four person, shotgun start


 Please include your handicap or average score on the entry form

 Pin Prizes on many holes including: closest to the pin, longest drive, shortest drive, longest putt and more



 11:00 a.m.-12:30 p.m.  
Registration and Putting Contest

 No host lunch available for a small fee through the Powder Horn

 BBQ Immediately following the tournament

## Payment Must Accompany Entry

18 Holes Entry Fee: \$100

9 Holes Entry Fee: \$60

Includes green fees, cart, BBQ and a guaranteed good time!

## Mail Entries to:

The Foundation

PO Box 391

Sheridan, WY 82801

Ph: 307-673-2418

## Or Register Online:

[www.sheridanhospital.org](http://www.sheridanhospital.org)

## Entry must be received by:

Monday, August 23, 2010

## FOR MORE INFORMATION CONTACT:

Misty Snyder

Ph: 307-673-2418

Email: [mistysnyder@sheridanhospital.org](mailto:mistysnyder@sheridanhospital.org)



## OPPORTUNITIES TO HELP

\$500 Executive Sponsor

Four (4) golf tickets

BBQ after the tournament

Hole Signage

Pin Prize donated in your name

\$400 Team Sponsor

\$100 Hole Sponsor

I would like to make a donation to the Foundation \_\_\_\_\_

Sheridan Memorial Hospital  
Foundation

### About the Foundation

The mission of the Foundation is to cultivate community involvement and support the hospital's vision,

*"When people think of excellent healthcare, they think of Sheridan."*

### Your Gift Makes a Difference

Your participation and all funds raised at this golf tournament will support projects and programs at Sheridan Memorial Hospital.

The Sheridan community's generosity helps enable our hospital to provide quality care to those in need each and every day. We have an amazing facility and equipment, as well as an awesome staff and local physicians available. Join us for this First Annual Tournament and ensure the legacy continues well into the future!

