

Sponsorship Levels

Hole + Pin Prize Sponsor- \$1150 \$ _____
1 Team, Hole + Pin Prize Signage, Breakfast/Lunch, 2 Carts (if needed)

Hole Sponsor- \$1000 \$ _____
1 Team, Hole Signage, Breakfast/Lunch, 2 Carts (if needed)

Sand Trap + Team Sponsor- \$600 \$ _____
1 Team, Sand Trap Signage, Breakfast/Lunch, 2 Carts (if needed)

Sand Trap Sponsor- \$500 \$ _____
Sand Trap Signage

Creek/Bridge + Team Sponsor- \$300 \$ _____
1 Team, Creek Signage, Breakfast/Lunch

Team Sponsor- \$250 \$ _____
1 Team, Breakfast/Lunch

Creek/Bridge Sponsor- \$150 \$ _____
Creek Signage

PLUS:
Golf cart rental: \$30/cart
Number of carts needed: _____ x \$30 = \$ _____
(Hole and Sand Trap Sponsorship carts are included)

Mulligan and Putt Pass Package- \$40 \$ _____
(includes 8 Mulligans and 2 Putt Passes)

TOTAL: \$ _____

Please return Registration form by **May 20th** to guarantee golf cart reservation.



24th Annual Golf Fundraiser

Saturday, June 4th

**Audubon Golf &
Country Club**



Check-in 8:00 AM
Start 9:00 AM

520 S Division St. W
Audubon, IA 50025

ACHF 2022 GOLF TOURNAMENT SPONSORSHIP AND TEAM REGISTRATION FORM

(Please fill out **BOTH** sides of registration form to indicate your Sponsorship level)

Thank you for contributing to our 24th Annual Golf Fundraiser!
Pre-registration is required for all teams as well as reserving golf carts, and purchasing Mulligans and Putt Passes.

Audubon County Hospital Foundation Golf Tournament and Fundraiser

Saturday, June 4, 2022
Audubon Golf & Country Club

Check-in 8:00 AM
Start 9:00 AM

18 hole 4 Person Best Shot

Pin Prizes

Games

Poker Chip Putt Challenge

50/50 Raffle

and more!

For more information contact: Susan Greving

grevings@acmhosp.org
712-563-5295

www.acmhosp.org/foundation/events

Sponsor Name: _____

Contact Person: _____

Phone: _____

Email: _____

Team Member Names:

Number of golf carts needed to be reserved: _____

(Please note: \$30/cart for Team Sponsor and Creek/Bridge + Team Sponsor only)

Yes, we are interested in also making a **PRIZE** donation for the event. _____

THANK YOU FOR YOUR DONATION!

Please make checks payable to: Audubon County Hospital Foundation and mail to:

ACHF Attn: Susan Greving, 515 Pacific Ave. , Audubon IA 50025

OR

Use the QR CODE to make your online payment.

Be sure to include all registration info. when making your online payment.



Please return form by **May 20th** to ensure golf cart reservation.

PRE-REGISTRATION REQUIRED — 18 Teams Maximum