



BURGESS Foundation

GOLF

Tournament

Mapleton

Friday, June 11



Onawa

Saturday, June 12

Check-In
8 a.m.

Continental Breakfast
8 - 8:45 a.m.

Shot Gun
9 a.m.



19th hole happy hour & appetizers after golf



SPONSOR NAME: _____

Sponsor Options

We will be a sponsor, but will not send a team.

- **Tournament Sponsor** \$ 1500
Golf cart included
Signage BOTH days
1 team BOTH days
Opportunity to sit on hole - 2 people max
- **Team Sponsor** \$ 400
Golf Cart included
Signage on golf cart
- Cash Donation \$ _____
- TOTAL** \$ _____

Sponsor & Contact Information

Sponsor _____
 Address _____
 City _____
 State _____ Zip _____
 Contact Name _____
 Phone _____
 Email _____

Pre-registration Recommended:
 If you know team members, please fill in the information.
 If not, as soon as team members are determined, email the names to: foundation@burgesshc.org

Send completed form & check to:
 Burgess Foundation: 1600 Diamond St., Onawa, IA 51040

Golfer Names - Mapleton

We will be a sponsor, but will not send a team.

1. _____
2. _____
3. _____
4. _____

Golfer Names - Onawa

We will be a sponsor, but will not send a team.

1. _____
2. _____
3. _____
4. _____

In-kind Donation Burgess Foundation would appreciate any in-kind donations for flight and pin prizes.

- We will be making an in-kind donation(s). Please choose an option below.
- I will bring my in-kind donation to Burgess Health Center before 6/1/2021.
 - Have a Foundation representative contact this person for pick-up:

Name _____ Phone # _____

Description of item(s) and the value(s): _____