

Women's Golf Classic

Aspirus Health Foundation




ASPIRUS®

Women's Golf Classic

Aspirus Health Foundation

Monday, August 3, 2020
Wausau Country Club



*Dress up or dress down.
Play golf and play around.
Be carefree! Be silly! Be loud!
Be involved. Be generous. Be proud.*

Join the fun!

- Best ball scramble
- Prizes for best dressed team, caddy and more!
- Caddy for the cause – will he earn the most tips?
- Raffles, mulligans, string, special tees and more fun!




ASPIRUS®

Help kids build healthy brains.

Help victims of sexual assault and abuse.

Help patients and families in need of a place to stay during a medical crisis and when traveling for specialty care.

**REGISTER
NOW**

Morning 9-Hole Round

\$125 fee per person

Afternoon–Up to 18-Hole Round

\$200 fee per person

\$1600 Foursome Sponsor

(see sponsorship benefits)

Register online
aspirus.org/golfclassic

Space is limited. Register today!

Teams of 4 will be accepted in the order in which they are received. Payment is required to complete registration. Please notify the Aspirus Health Foundation of any team member changes.

All player names and team name must be **submitted by Wednesday, July 8th** to be included in the Golf Classic magazine. Contact the Aspirus Health Foundation at ahf@aspirus.org or call 715.847.2470.

Event Format:

Play format is a best ball scramble with shotgun start. Golf events are open to women only. Mulligans and string will be available to purchase at registration. Soft spikes required.

Schedule of Events:

7:15 am	Morning Registration
8:00 am	Morning Shotgun – 9 Holes
11:00 am	Boxed Lunch & Afternoon Registration
Noon	Afternoon Shotgun – Up to 18 Holes as time allows.
5:15 pm	Horn sounds – Finish hole you are on Celebration Dinner Buffet
6:15 pm	Raffles, prizes and awards

Golf Fee Includes:

- Wausau Country Club Green Fees
- Driving Range
- Caddy for the Cause –
Your tips support our cause!
- Boxed Lunch
- Cart Rental
- Flag Events
- Snacks
- Celebration Dinner Buffet



Team Name

(Optional)

Player One:

(Team Captain for Foursomes)

Email _____

Phone _____

Home Address _____

City/Zip _____

Order a boxed lunch for me: ☐ Yes ☐ No

Allergy/dietary restriction _____

I plan to attend the dinner: ☐ Yes ☐ No

Player Three:

Email _____

Phone _____

Home Address _____

City/Zip _____

Order a boxed lunch for me: ☐ Yes ☐ No

Allergy/dietary restriction _____

I plan to attend the dinner: ☐ Yes ☐ No

Caddy Information: *(Please select one)*

☐ Our caddy is confirmed OR ☐ We request a caddy

Caddy Name:

Email _____

Phone _____

Caddy plans to attend the dinner: ☐ Yes ☐ No

Teams can pre-tip their caddy donation:

I'm including \$_____ as a tip to support the cause

Payment Options: *(Please make checks payable to: Aspirus Health Foundation)*

☐ I cannot attend. Please accept my donation.

☐ A check for \$_____ is enclosed.

☐ Please bill my credit card for \$_____

☐ Visa ☐ MasterCard ☐ Discover

Card number _____

Exp. Date _____/_____

Signature _____

Security Code _____ (3 digit code on back of card)

Celebration Dinner Guest: \$50 per person

(Complete if you are attending the dinner only or inviting a guest)

Number of people attending: _____

Please provide name for each person attending:

Mail checks or credit card information with completed entry form to:

Aspirus Health Foundation
425 Pine Ridge Boulevard
Wausau, WI 54401

**For more information, call the
Aspirus Health Foundation
at 715.847.2470**