



Henry County Hospital Foundation, Inc.

Annual Golf Outing

July 12, 2024

Ironwood Golf Club - Wauseon, Ohio

10:30 a.m. Registration Begins | 11:30 a.m. Shotgun Start

\$325.00 per team - Scramble Format

Meal and 2 drink tickets are provided for all participants. Raffle tickets & on course games will be available for purchase.

Registration Deadline - July 8, 2024

Company Name: _____

Contact Name: _____ Contact Phone No. _____

Address: _____

Email: _____

Player Names:

1. _____

3. _____

2. _____

4. _____

_____ Hole Sponsor (\$100) - Logo/Name will be displayed on the course.

** Please email logo to Michelle (see email below).

_____ I am unable to play, but I would like to purchase raffle tickets (tickets are \$1.00 each; 6 for \$5.00; or 13 for \$10) **Number of Tickets:** _____

_____ I am unable to play, but would like to make a contribution.

Please accept my donation of: _____ \$100 _____ \$50 _____ \$30 _____ Other

_____ Please accept my donation of \$_____ to go towards the CEO Challenge.

(All donations received will be matched up to \$2500 by HCH's CEO, Kristi Barnd.)

\$_____ **Total Enclosed** (Make checks payable to Henry County Hospital Foundation, Inc.)

If you are interested in paying by credit card, please complete the credit card form on the back.

Return completed registration forms to:

Michelle Rychener

Henry County Hospital Foundation, Inc.

1600 East Riverview Avenue

Napoleon, Ohio 43545

micheller@henrycountyhospital.org | Cell No. 419-438-0940 | Fax No. 419-591-3869

Event Sponsors:



MEL LANZER CO.
General Contractor



CPAs / ADVISORS

Charge my credit card (Please print clearly)

Card Type: Visa MasterCard Discover American Express

Cardholder's Name: _____

Cardholder's Signature: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Amount to be charged to Credit Card: \$ _____