



Clarke County Hospital  
 800 S. Fillmore  
 Osceola, IA 50213  
 Phone: 641-342-5363  
 Fax: 641-342-5281  
[www.clarkehosp.org](http://www.clarkehosp.org)

Friday, July 12th, 2019

Osceola Municipal Golf Course  
 400 East Fayette  
 Osceola, IA 50213  
 641-342-3717

Morning

8:30 am – Registration  
 9:00 am – Shotgun Start  
 12 pm - Lunch, Silent Auction  
 & Awards

Afternoon

1:00 pm – Registration  
 1:30 pm - Shotgun Start  
 4:30 pm – Dinner, Silent  
 Auction & Awards



Contact Jodi Reindl at  
 641-342-5363 with any  
 questions or e-mail at  
[jreindl@clarkehosp.org](mailto:jreindl@clarkehosp.org)

# Clarke County Hospital Foundation & Auxiliary 14th Annual Golf Tournament

Friday, July 12th, 2019

Player #1 Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 (Captain) Phone: \_\_\_\_\_  
 Player #2 Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Player #3 Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Player #4 Name \_\_\_\_\_ E-mail \_\_\_\_\_

**Tee Time Preferred** — Available first come first serve Circle One 9:00 am 1:30 pm  
 Limited to 18 foursomes per tee time

**Number of carts needed** — \_\_\_\_\_ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2

**Number of Golfers from your Team Eating Meal** — \_\_\_\_\_ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

**Non Player Meal and Silent Auction** - \$20/per Lunch count \_\_\_\_\_ Dinner count \_\_\_\_\_ Total \_\_\_\_\_

**Sponsorship/Entry Fee Choices**

Corporate \$2,500 Waterfront \$800 Flag \$500 Tee \$300 Eagle \$300 Water Cooler \$250 Team \$200  
 Golf Tees \$250 Breakfast \$200 Golf Pencils \$150 Scorecard \$125 Total \_\_\_\_\_

Please e-mail company logo to Jodi Reindl at [jreindl@clarkehosp.org](mailto:jreindl@clarkehosp.org)

**Score Enhancers** — Mulligan's \$20.00 each Yarn \_\_\_\_\_ ft x \$10.00 per foot  
 Texas Tee Off \$20 per team to tee off women's tee on Par 5 #4 Total \_\_\_\_\_

**Donations** — I am interested in donating a: Silent Auction Item Cash Gift Total \_\_\_\_\_  
 \_\_\_\_\_ Please charge my credit card # \_\_\_\_\_ Exp. \_\_\_\_\_

Visa MC Name on card \_\_\_\_\_

Check # \_\_\_\_\_ Signature \_\_\_\_\_

Mail to Clarke County Hospital, Attn: Jodi Reindl, 800 S. Fillmore, Osceola, IA 50213