



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 21, 2023

Sponsored by



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

Afternoon

1:00 pm – Registration  
 1:30 pm - Shotgun Start  
 4:00 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)



**2 Hole in One Chances**

- 1) Courtesy of Chipp's Harley Davidson
- 2) 2 year lease on a vehicle courtesy of Fleetside Ford

## Clarke County Hospital Foundation & Auxiliary 17th Annual Golf Tournament

*Friday, July 21st, 2023*

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

**Tee Time**  — Available first come, first served      1:30 pm  
 Limited to 18 foursomes  
 4:15 pm—Meal Served

**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    Meal Count \_\_\_\_\_      Total \_\_\_\_\_

**Sponsorship/Entry Fee Choices**

Corporate \$2,500    Waterfront \$800    Flag \$500    Tee \$300    Eagle \$300    Water Cooler \$250  
 Scorecard \$125      Team (foursome) \$225      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. \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_ Name on card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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

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