

# Women's Golf Classic

Aspirus Health Foundation

Monday, August 6, 2018  
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
- Random score placements
- 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!
- Boxed lunch, snacks and celebration dinner



  
**ASPIRUS™**

**Help kids build healthy brains,  
victims of sexual assault and abuse,  
and health needs of people locally.**

**REGISTER  
NOW**

## Morning 9-Hole Round

\$125 fee per person

## Noon–Up to 18-Hole Round

\$200 fee per person

## \$1600 Foursome Sponsor

(see sponsorship benefits)

**Register online**  
**[aspirus.org/golfclassic](http://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 Friday, July 13th to be included in the Golf Classic magazine. Contact the Aspirus Health Foundation at [ahf@aspirus.org](mailto:ahf@aspirus.org) or call 715.847.2470.



## 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

## 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.

## 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

**NEW** Teams can pre-tip their caddy donation:

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

- ☐ Morning 9-Hole Round (\$125 Entry Fee Per Person)
- ☐ Noon – Up to 18 Rounds (\$200 Entry Fee Per Person)
- ☐ Foursome Sponsor (\$1,600) \_\_\_\_ 9-Hole \_\_\_\_ 18-Hole

(Company/Sponsor)

### Player Two:

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 Four:

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

## Celebration Dinner Guest: \$50 per person

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

Number of people attending: \_\_\_\_\_

Please provide name and address for each person attending.

\_\_\_\_\_  
\_\_\_\_\_

## 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)

### 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**



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