

WE ARE PLEASED TO ANNOUNCE THE 16TH ANNUAL WOMEN'S GOLF OUTING TO BENEFIT THE WISCONSIN WOMEN'S HEALTH FOUNDATION AND MADISON AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION.

PLEASE JOIN US AT STOUGHTON COUNTRY CLUB FOR DINNER, GOLF AND PRIZES.

Golf for the Cure

WHEN:..... WEDNESDAY, JUNE 27, 2018
REGISTRATION:..... 11:00 A.M. TO 12:00 P.M.
TIME:..... 12:30 P.M. SHARP
SHOTGUN START - SCRAMBLE FORMAT

COST: \$60 INCLUDES DINNER, GOLF & PRIZES

CARTS:..\$40 – MUST BE PAID WITH REGISTRATION

DINNER:...6:30 P.M. (\$50 DINNER ONLY)

PLEASE SEND COMPLETED REGISTRATION FORM **AND** CHECK MADE OUT TO “RALLY FOR THE CURE” BY JUNE 22ND TO:

**RALLY FOR THE CURE
 STOUGHTON COUNTRY CLUB
 P.O. BOX 206
 STOUGHTON, WI 53589**

REGISTRATION

PLEASE WEAR A PINK TOP

REGISTRATION FOR: (fill in the names of **ONLY** those whose payment is included)
 Your spot is not reserved until all four team members have paid in full.

TOTAL ENCLOSED \$ _____

NAME	EMAIL	STEAK	SALMON	VEGGIE
1				
2				
3				
4				

NUMBER OF CARTS TO BE RESERVED # _____ COST PER CART (\$40) \$ _____ (total enclosed for carts) NOTE: CARTS MUST BE RESERVED IN ADVANCE AND PRE-PAID.

I will not be golfing, but will attend the dinner (Cost \$50)
 Name: _____ Dinner Choice: _____

I wish to make an additional donation \$ _____ (for each \$10 donated, an individual of your choice will be honored at the event. Name of honoree(s) _____)

Golf for the Cure

16th Annual Golf For The Cure – Stoughton Country Club

HOLE SPONSORSHIP

I wish to donate \$100 to be a hole sponsor:

Sponsor Name: _____

Sponsor Company: _____

Address: _____

Email: _____

Telephone Number: _____

Please return this form, along with payment, payable to Rally for the Cure, no later than June 22nd, to:

**Golf for the Cure
Stoughton Country Club
P.O. Box 206
Stoughton, WI 53589**

Donations go to the Wisconsin Women's Health Foundation, supporting cancer, heart disease, domestic abuse, mental illness, osteoporosis, pregnancy, tobacco and alcohol awareness, and support breast cancer patients locally, and to the Susan G. Komen Foundation for breast cancer research

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SILENT AUCTION/RAFFLE DONATION

I wish to donate an item for the silent auction/raffle prizes:

Sponsor Name: _____

Sponsor Company: _____

Address: _____

Telephone Number: _____

Email: _____

Donation Description: _____

Donation Value: _____

**Please drop items off at the Stoughton Country Club,
along with this form, no later than June 22nd**

Donations go to the Wisconsin Women's Health Foundation, supporting cancer, heart disease, domestic abuse, mental illness, osteoporosis, pregnancy, tobacco and alcohol awareness, and support breast cancer patients locally, and to the Susan G. Komen Foundation for breast cancer research