

# 7th Annual Canton-Inwood Area Health Foundation Golf Social Friday, July 26, 2019

Lunch & Registration at Noon  
Shotgun start: 1:00 p.m.

Best Ball Scramble  
Hiawatha Golf Club, Canton, SD



Team Name: \_\_\_\_\_

Captain: \_\_\_\_\_

Player #2: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Player #3: \_\_\_\_\_

Player #4: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

*Our mission is to inspire and engage philanthropic support for Sanford Canton-Inwood Medical Center to improve the health and wellness of our communities.*

*For more information, visit our website: [cantoninwoodfoundation.org](http://cantoninwoodfoundation.org).*



**Canton-Inwood**  
Area Health Foundation

**Total Player Fees:** (\$50 per player, includes 9 holes golf and meal) ..... \$ \_\_\_\_\_

**Total Cart Fees:** (\$20 per cart, 2 golfers per cart) ..... \$ \_\_\_\_\_

**Total Mulligan Fees:** (\$10 per player for 2) ..... \$ \_\_\_\_\_

For Player: 1 2 3 4

**Additional Meal(s):** (\$10 each) ..... \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

**Please make checks payable to:**  
Canton-Inwood Area Health Foundation  
PO Box 292  
Canton, SD 57013

**Credit Card**  
\_\_ Visa \_\_ MC \_\_ Am Express \_\_ Discover  
CC #: \_\_\_\_\_  
Exp. Date: \_\_/\_\_/\_\_ Code: \_\_\_\_\_

**Please complete and return with payment by July 15, 2019.**