

# 20th Annual Anderson Hospital Foundation "Swing Into Spring" Golf Tournament

Monday, May 16, 2016  
Sunset Hills Country Club  
Edwardsville, Illinois

REGISTER NOW!  
Contact Lori St. John  
at (618) 391.6426 or  
stjohnl@andersonhospital.org

## Tournament Features:

- 18 Holes of Golf with Cart
- 4 Person Scramble
- On-Course Snacks
- Teams in 3 flights
- Prizes (for 3 flights):
  - 1st Place ( \$125 Pro Shop Gift Certificate)
  - 2nd Place (\$75 Pro Shop Gift Certificate)
  - 3rd Place (\$25 Pro Shop Gift Certificate)
- Men & Women's Longest Drive
- Closest to the Pin
- 50/50
- Hole'n One Contest
- Dan Dorris Putting Contest
- Buy a Drive



## Schedule:

- 9:00 a.m.  
Donuts, Coffee, Registration &  
Complimentary Driving Range
- 10:00 a.m. - Shotgun Start
- 12:00 noon - Lunch at the turn
- To Follow - Heavy Appetizers, Refreshments & Awards on the Patio

## Fees:

- \$200 per person/\$800 per team  
(price includes skins & mulligans)

**GOLF REGISTRATION FORM – May 6th Deadline (Sponsor form on other side)**

PLEASE PRINT

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Team Captain: \_\_\_\_\_ Email Address In Case of Cancellation: \_\_\_\_\_

- Please put me in a foursome.       My foursome includes: \_\_\_\_\_

Number of golfers staying for dinner buffet (included in Registration Fee) \_\_\_\_\_

Payment Methods (Please check one)

- Check enclosed for (Total) \$ \_\_\_\_\_ (Make Checks Payable to Anderson Hospital Foundation)  
 MC    Visa    American Exp.   Account Number \_\_\_\_\_   Expiration Date \_\_\_\_\_   3 or 4 Digit \_\_\_\_\_

**Proceeds will benefit the Anderson Hospital Foundation**

Anderson Hospital Foundation is a 501 c (3) tax-exempt corporation. Donations are tax deductible to the extent allowed by law.

# Be A Sponsor!!!

REGISTER NOW!

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## Sponsorship Opportunities

During 2015, over 183,500 patients were treated at Anderson Hospital. The Anderson Hospital Foundation raises funds for capital improvements at Anderson Hospital. Your support is appreciated and welcome.

◀ **Diamond Level - \$2,500:**

Two complimentary foursomes, hole sign, program listing & preferred tee assignments

◀ **Gold Level - \$1,250:**

One complimentary foursome, hole sign & program listing

◀ **Silver Level - \$750:**

Two golfers, path signage & program listing

◀ **Contest - \$500:**

Hole sign at contest location & program listing

◀ **Swing - \$250:**

Path signage

**Program Listing Deadline:  
May 6th, 2016**

To insure program listing, please either fax forms to:  
618-288-4088, Attention: Lori St. John  
or Mail forms to:  
Anderson Hospital Foundation  
Lori St. John  
6800 State Route 162  
Maryville, IL 62062

### EVENT SPONSOR FORM – May 6th Deadline for Program Book (PLEASE PRINT)

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Company (as it is to appear in print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sponsorship Level:  Diamond  Gold  Silver  Contest  Swing  Giveaway Amount enclosed: \_\_\_\_\_

**Payment Methods (Please check one)**

Check (payable to Anderson Hospital Foundation) enclosed for \$ \_\_\_\_\_  Check has been requested  Please Bill Me

MC  Visa  American Exp. Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 or 4 Digit Code \_\_\_\_\_

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