

*The Iroquois Healthcare Association  
cordially invites you to participate in the*



## **IROQUOIS INVITATIONAL**



**Turning Stone Resort & Casino - October 6, 2010  
Kaluhyat Golf Club - Shotgun Start - 1:00 p.m.**

### **Tournament Schedule:**

11:30 a.m. Registration and Lunch  
1:00 p.m. Shotgun Start  
6:30 p.m. Reception & Dinner  
Awards/Prizes

### **Format & Contests**

- Best Ball of Four, Scramble
- Teams Flighted by Handicap
- \$10,000 Hole-In-One
- Closest to Pin on Par 3s
- Longest Drive
- Team Skins Game (optional)
- Awards for Overall & 1st/2nd Place Flights
- Door Prizes Galore!

**SAME LOCATION, DIFFERENT COURSE** - This year's tournament will be held at the Kaluhyat Golf Club, a Robert Trent Jones, Jr. design, ranked one of the top 100 best resort courses by Golfweek in 2010.

The Iroquois Invitational is for men and women of all ability levels.  
*Participation is limited to Iroquois Members and/or affiliated vendors only.*

The registration fee is \$195 per IHA/UISS member golfer.

The affiliated vendor registration fee is \$295 per golfer.

The registration fee includes:

Greens fee and golf cart for one round, range balls, lunch, on course beverages & snacks, tee gifts, cocktail reception, dinner, awards, and generous door prizes.

For those wishing to attend the awards reception & dinner only (no golf), the cost is \$60.

For those wishing to stay overnight at the Turning Stone Resort & Casino, a room block has been established.

Rooms are available in the Tower for \$119.00 plus tax for single/double occupancy.

Please call 800-771-7711 to make a reservation and mention the "Iroquois" block to receive this negotiated rate.

The deadline for golfer registration is **Thursday, September 30**, or once the golf course is full.

Golf registrations will only be accepted by mail and must be accompanied by full payment.

Checks should be made payable to Iroquois Healthcare Association.

Golf tournament questions should be directed to Robin Wheelock at (315) 410-6465.

**Iroquois Healthcare Association, 5740 Common Park, East Syracuse, NY 13057**

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### **Tournament Registration**

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**Contact &**

**Player 1:** \_\_\_\_\_

**Player 2:** \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

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

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

**Player 3:** \_\_\_\_\_

**Player 4:** \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

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

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

**Golf Registration:**

\$195 each IHA/UISS member\* x # \_\_\_\_\_ players = \_\_\_\_\_

\$295 each non-member x # \_\_\_\_\_ players = \_\_\_\_\_

\$60 each person, Reception Only x # \_\_\_\_\_ attend = \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_

**\*Member - An individual who is employed by a health care provider  
that is a member of IHA and/or UISS**

Registrations will only be accepted by mail and must be  
accompanied by full payment. **Deadline: Thursday, Sept. 30, 2010**

Please mail registration and check  
made payable to:

**Iroquois Healthcare Association**  
Golf Tournament  
5740 Commons Park  
East Syracuse, NY 13057

*Thank You.*