

2018 IROQUOIS INVITATIONAL



IROQUOIS
HEALTHCARE

WEDNESDAY, OCTOBER 3, 2018

**LEATHERSTOCKING GOLF COURSE @ THE OTESAGA
COOPERSTOWN, NY**



SCHEDULE

REGISTRATION & LUNCH
11:30AM

SHOTGUN START—Scramble Format
1:00PM

RECEPTION & AWARDS DINNER
6:30PM

REGISTRATION

\$199 per member golfer

\$325 per vendor golfer

[FEE INCLUDES GREENS FEE FOR ONE ROUND,
GOLF CART, ON COURSE BEVERAGES & SNACKS,
LUNCH, COCKTAIL RECEPTION, DINNER,
GENEROUS DOOR PRIZES AND MORE!]



AWARDS & PRIZES

AWARDS FOR 1st PLACE, 2nd PLACE
AND PRE-SELECTED PLACES.

CONTESTS INCLUDE :
\$10,000 HOLE-IN-ONE, CLOSEST TO
PIN ON PAR 3s, LONGEST DRIVE,
TEAM SKINS GAME (optional) AND
“GRAB-THE-GREEN” (optional)

Please direct all inquiries to Robin Wheelock at (315) 410-6465.



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COOPERSTOWN, NY
SHOTGUN START: 1:00PM

PLAYER REGISTRATION

Participation is limited to Iroquois members and affiliated vendors only.

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

PLAYER 1: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Email: _____	PLAYER 2: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Email: _____
PLAYER 3: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Email: _____	PLAYER 4: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Email: _____

PAYMENT INFORMATION

\$199 each IHA/UISS member*	x # _____	players = _____
\$325 each non-member	x # _____	players = _____
\$75 each person, Reception Only	x # _____	attend = _____
TOTAL:		\$ _____

Visa MC AMEX Discover

Name on Card: _____

Credit Card #: _____

Expiration Date: ____/____

CCV: _____

Please mail registration and check made payable to:

Iroquois Healthcare Association
Golf Tournament
5740 Commons Park, East Syracuse, NY 13057
Registrations must be accompanied by full payment.

Deadline: Wednesday, September 26, 2018

Thank you!

