

2021 IROQUOIS INVITATIONAL



IROQUOIS
HEALTHCARE

TUESDAY, SEPTEMBER 14, 2021

*TURNING STONE CASINO RESORT, VERONA NY
KALUHYAT GOLF CLUB*



SCHEDULE

REGISTRATION & LUNCH
11:30 AM

SHOTGUN START—Scramble Format
12:45PM

RECEPTION & AWARDS DINNER
6:30PM

REGISTRATION

\$199 per member golfer

\$299 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!]



Kaluhyat
Golf Club

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 Greg DeWitt at (518) 348-7442, or gdewitt@iroquois.org



2021 IROQUOIS INVITATIONAL

TUESDAY, SEPTEMBER 14, 2021

KALUHYAT GOLF CLUB @ TURNING STONE

VERONA, NY

SHOTGUN START: 12:45 PM

PLAYER REGISTRATION

Participation is limited to IHA/UISS Members, Associate Members, and Affiliated Vendors.

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: _____

\$199 each IHA/UISS Member & Associate Member

\$299 each Non-Member/Affiliated Vendor

\$85 each person, Reception Only

x # _____ players = \$ _____

x # _____ players = \$ _____

x # _____ attend = \$ _____

TOTAL = \$ _____

PAYMENT INFORMATION

Visa MC AMEX Discover

Name on Card: _____

Credit Card #: _____

Expiration Date: ____/____ CCV: _____

Please mail registration form and check made payable to:

**Iroquois Healthcare Association
Golf Tournament**

15 Executive Park Drive, Clifton Park, NY 12065

Registration forms paying by credit card can be emailed to gdewitt@iroquois.org.

Registration Deadline: September 9, 2021

Thank you!





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VERONA, NY — SHOTGUN START: 12:45 PM

IROQUOIS INVITATIONAL SPONSORSHIPS

Awards Cocktail Reception Sponsor (4 available)	\$2,000	\$ _____
Awards Dinner Sponsor (2 available)	\$2,000	\$ _____
Box Lunch Sponsor	\$1,500	\$ _____
Beverage Cart and Snacks Sponsor	\$1,500	\$ _____
Hole-In-One Sponsor	\$1,000	\$ _____
Closest to the Pin Sponsor	\$1,000	\$ _____
Long Drive Sponsor	\$1,000	\$ _____
Hole Sponsor (18 available)	\$500	\$ _____
Prize Sponsors (10 available)	\$500	\$ _____
	TOTAL:	\$ _____

Sponsor Name: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Visa MC AMEX Discover

Name on Card: _____

Credit Card #: _____

Expiration Date: ____/____/____ CCV: _____

Please mail Sponsorship form and check made payable to:

**Iroquois Healthcare Association
Golf Tournament**

15 Executive Park Drive, Clifton Park, NY 12065

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Sponsor Deadline: September 1, 2021

Thank you!

