



Friday, September 10, 2021
Toad Valley Golf Course

4-PERSON BEST SHOT FORMAT
CHECK-IN 9am / SHOTGUN START 10am

Team Registration \$340

Entry includes: 18 holes with two carts, on-course games, & grab-and-go lunch

Team Name: _____

Player Name	Address	Email
Team Captain		
1 _____		
2 _____		
3 _____		
4 _____		

Sponsor Registration

Contact Person: _____

Email: _____ Phone: _____

Company: _____

Sponsor Level: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please send a copy of your logo to golf@mindspringhealth.org JPEG format preferred

Payment Information _____	\$ _____	
Team Registration Fee _____	\$ _____	Credit Card Payment – <input type="checkbox"/>
Extra Golf Cart Rental Available: \$50 per cart _____ <small>(two golf carts are provided with \$340 entry fee)</small>	\$ _____	Send Invoice <input type="checkbox"/>
Sponsorship Total _____	\$ _____	Check Payable to: <input type="checkbox"/>
Total Amount Due _____	\$ _____	Mindspring Mental Health Alliance



Mail to: Mindspring Mental Health Alliance :
511 East 6th Street Suite B / Des Moines, IA 50309
Email to: golf@mindspringhealth.org