



**Friday, July 28, 2023**

**Green Hills Golf Club**

3800 Old Fairfield Road, Mt. Vernon, IL 62864

**8:00AM: REGISTRATION & CHECK-IN**

**10:00AM: SHOTGUN START**

**Lunch will be served at turns 9 & 18**

*\* hot dogs & brats will also be served out at the far reaches of the course*

**3:00PM: Post-Tournament Reception**

*\* door prizes (must be present to win)*

**SPONSORSHIPS: SOLD OUT**

*Sponsorships include a foursome in the tournament and recognition in all tournament materials. Only one available unless noted otherwise.*

- Post-Tournament Reception Sponsor: **SOLD**
- Awards Sponsor: **SOLD**
- Lunch Sponsor (2): **SOLD**
- Team Photo Sponsor: **SOLD**
- Breakfast Bar Sponsor: **SOLD**
- Registration Sponsor: **SOLD**
- Cart Sponsor: **SOLD**
- Course Beverage Sponsor: **SOLD**

**ADDITIONAL SPONSORSHIPS: SOLD OUT**

*Additional sponsorships DO NOT include golfer registration. All additional sponsors will receive their company logo and recognition in all tournament materials. Only one available unless noted otherwise.*

- Hole-In-One Contest Sponsor: **SOLD**
- Longest Drive Contest Sponsor: **SOLD**
- Longest Putt Contest Sponsor: **SOLD**
- Closest-To-The-Pin Contest Sponsor (2): **SOLD**
- Driving Range Sponsor: **SOLD**
- Golf Hole Sponsor (13): **SOLD**
- Putting Green Sponsor: **SOLD**

*(as of 7/6/23)*

**INDIVIDUAL REGISTRATION:**

*Registration includes golf, cart, food, and beverages.*

- Foursome Registration:** \$500 # \_\_\_\_\_
- Individual Golfer Registration:** \$125 # \_\_\_\_\_
- Non-Golfer Registration:** \$50 # \_\_\_\_\_  
*(incl. food & beverage)*
- Mulligan:** \$10 # \_\_\_\_\_  
*(max 8 per team)*

**GOLFER INFORMATION:**

4-Person Scramble Tournament.

Player #1 \_\_\_\_\_

Player #2 \_\_\_\_\_

Player #3 \_\_\_\_\_

Player #4 \_\_\_\_\_

Contact Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**PAYMENT INFORMATION:**

Total amount paid: \_\_\_\_\_

- Send an invoice for payment to the address above.
- My check is enclosed. Make checks payable to: IOGA
- Please charge my credit card.

MC  VISA  AmEx  Disc

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC# \_\_\_\_\_

Signature \_\_\_\_\_

**REGISTER/SPONSOR**

online at [www.ioga.com](http://www.ioga.com)  
email this form to [acook@ioga.com](mailto:acook@ioga.com).

Call Jim Elder (713-305-1999) or  
Ann Cook (618-242-2857) with any questions.