



Decatur Morgan Hospital Foundation's 21st Annual Golf Classic will be held at Burningtree Country Club on **Saturday, August 10, 2024**. For more information about the Golf Classic Tournament, please contact the Foundation office at 256.973.2187.

Tournament Information

The golf tournament will be a four-person scramble, shotgun start with a morning tee time at 8 am and an afternoon tee time at 1 pm. The cost for a team of four is \$600. Two mulligans per player are available for \$25 per player. First, Second and Third Place prizes will be awarded for both morning and afternoon sessions.

Team Registration Form

Please complete the registration form and return to the Decatur Morgan Hospital Foundation at Post Office Box 2239, Decatur, AL 35609-2239, foundation@dmhnet.org or fax to 256.973.2944.

PLAYER 1 (Team Contact)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____
 Email _____

PLAYER 2

Name _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____
 Email _____

PLAYER 3

Name _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____
 Email _____

PLAYER 4

Name _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____
 Email _____

Fees

Entry Fee: \$600 per team (\$150 per player)
 Two mulligans per player are available for \$25 per player.

Format

Four-person scramble, shot-gun start.

Prizes

First, Second & Third Place prizes for morning session and afternoon session.

Tee Times

MORNING SESSION 8AM

- Registration and Breakfast snack beginning at 7:00 am
- Lunch provided at the conclusion of the session
- Award presentations at 1:30 pm

AFTERNOON SESSION 1PM

- Registration beginning at 11:30 am
- Lunch will be provided beginning at 11:30 am
- Dinner snack available at 6:00 pm
- Award presentations at 6:30 pm

Session Preference

Morning Session Afternoon Session

(Space is limited. Team entries will be based on the order that payment is received.)

Payment Information

Enclosed is a payment for \$ _____
 (Entry Fee: \$600 per team, \$150 per player. Two mulligans per player are available for \$25 per player, \$100 per team.)

I cannot attend, but I would like to make a donation of \$ _____ to Decatur Morgan Hospital Foundation.

Payment Method

Checks payable to Decatur Morgan Hospital Foundation.

MasterCard Visa American Express

Credit Card Number _____

Exp Date _____

Name on Card _____

Signature _____

