

Registration

Please print golfers' names, individual or team of four.

GOLFER 1 _____

Name _____

Phone _____

Email _____

Address _____

GOLFER 2 _____

Name _____

Phone _____

Email _____

Address _____

GOLFER 3 _____

Name _____

Phone _____

Email _____

Address _____

GOLFER 4 _____

Name _____

Phone _____

Email _____

Address _____



2500 W. Reynolds St.
Pontiac, Illinois 61764



OSF HealthCare Saint James –
John W. Albrecht Medical Center

SCRAMBLE

MONDAY

9|13|21

Pontiac Golf Course | Pontiac, Illinois

Formerly Elks Club

Proceeds benefit local OSF Emergency Medical Services



OSF HEALTHCARE
Foundation

Event Details

Monday, September 13, 2021
Pontiac Golf Course, Formerly Elks Club

18 hole – Best Ball Scramble

10 a.m. Shotgun Start

Registration fee: \$80 per person

Includes: Lunch, prizes and after golf reception.

REGISTRATION

Online:
osfhealthcarefoundation.org/
pontiac-golf-scramble

By mail:
Complete the form and return with payment to:
OSF HealthCare Saint James –
John W. Albrecht Medical Center
2500 W. Reynolds St.
Pontiac, IL 61764

QUESTIONS?

Contact Lizzy Salmon
(309) 566-5656
Elizabeth.M.Salmon@osfhealthcare.org

2021 Sponsorship Packages

You can sponsor the annual OSF HealthCare Saint James EMS Golf Classic. Below is information on the opportunities to become a sponsor:

Presenting Emergency Medical Service Sponsorship – \$3,000

Includes sponsorship recognition on cart signs, company logo highlighted on online registration, three hole-sponsor signs, plus two foursomes

Lunch OR Dinner Sponsorship – \$2,000

Includes sponsorship recognition during the lunch or dinner, company logo highlighted on online registration, three hole-sponsor signs, plus two foursomes

Paramedic Sponsorship – \$1,200

Includes two hole-signs, plus one foursome

EMT Sponsorship – \$600

Includes hole signage and one foursome

First Responders Sponsorship – \$300

Includes hole signage

Registration

Payment and registration must be received by Monday, August 30, 2021.

Contact name _____

Address _____

City/State/ZIP _____

Phone _____

Email _____

I am registering: Myself A foursome

Sorry, I cannot attend. Enclosed is my donation.

Payment

Check (payable to OSF HealthCare Foundation)

If you wish to pay by credit card, call 1 (877) 574-5678.

