Let's Tee Off Against Breast Cancer

Registration
- Hole Sponsor - Par $150 (sign at hole) $__________
- Team registration - $260 per team $__________
- Individual registration - $65 per person $__________
- Reception only - $12.50 per person $__________
- T-Shirt - $10 $__________

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Payment Information
- MasterCard®
- VISA®
- Check enclosed
- Please make checks payable to Marshfield Clinic

Name (print) ____________________________
Expiration date _____ / _____  
- Business
- Personal
Authorized signature ____________________________

I am not golfing but would like to contribute to Marshfield Clinic $__________
Total due $__________

Please mail your completed registration form with payment to:
Mike Osborne
Trout Lake Golf Club
3800 Hwy 51 North
Arbor Vitae, WI 54568
For more information contact Mike at 715-385-2189 or Karen Lewis at 715-588-1273.
www.troutlakegolf.com

Thank you for your support of patient care!

100% percent of every dollar raised will go to Northwoods Patient Care Cancer Fund.

Marshfield Clinic

Marshfield Clinic is one of the largest group medical practices in the United States. In 2010, our 782 physicians and 6,500+ professional, technical and support staff provided care for nearly 362,000 patients. We have 51 centers in 34 Wisconsin communities.

Patient Care

100% of the funds raised will be directed to the Northwoods Patient Care Cancer Fund which provides financial, emotional and educational support services to Marshfield Clinic breast cancer patients on our community.

Our cancer care experts provide treatment options and care beyond the standard chemotherapy and radiation therapy. We also offer many leading edge therapies based on over 100 clinical trials the Clinic is conducting.

Marshfield Clinic
Don’t just live. Shine.

Thursday, June 20, 2013
Trout Lake Golf Club
Arbor Vitae, Wisconsin
Presented By
Trout Lake Ladies Golf League
Supported By
Trout Lake Golf Club

This 18 hole scramble is a lot of fun with all proceeds supporting Northwoods Patient Care Cancer Fund at Marshfield Clinic. Thanks to players and local sponsors we were able to raise $7,200 in 2012.
Event Information

- 4 golfers per team
- Scramble format: Each person hits a shot and the best of the four is chosen. All players hit from that spot. This is done until the ball is holed for a team score.
- Women’s teams only
- A complete set of rules will be available at registration.
- Decisions by the Trout Lake Golf Club PGA golf professional are final.
- All players will play the red tees.

Entry Fee

$65 per golfer $260 per team

The entry fee includes:

- Support of Northwoods Patient Care Cancer Fund
- Greens fee, cart fees and range balls
- Individual and team prizes
- Luncheon
- Gift bag for each player

Reception Only

$12.50 per person

Guests are welcome to attend the luncheon at the Trout Lake Golf Club immediately following the event.

Schedule of Events

Thursday, June 20, 2013

- 7:30 a.m. Registration begins
- 9:00 a.m. Shotgun start
- 1:30 p.m. Raffle sales
- 2:00 p.m. Luncheon
- 2:30 p.m. Event winners posted and announced
- 3:00 p.m. Raffle winners announced

Prizes

- Prizes will be awarded to the top finishers in each flight.
- There are flag events on several holes.
- There will be raffle baskets valued at a minimum of $200.

Special Rules

- All ties will be broken by a scorecard playoff, beginning with hole #17, then going forward until the tie is broken.
- Team entry (limited to the first paid 25 teams)

Available Day of Event

- Mulligans $5 each, 8 per team
- Magic Putts $10 each, 8 per team
- Drive like Mike $10 per team
- Raffle tickets $20 for four feet of tickets

Team Entry (Limited to the first paid 25 teams)

Golfer 1
Address
City_________State___ZIP_______
Phone__________________________
E-mail__________________________

Golfer 2
Address
City_________State___ZIP_______
Phone__________________________
E-mail__________________________

Golfer 3
Address
City_________State___ZIP_______
Phone__________________________
E-mail__________________________

Golfer 4
Address
City_________State___ZIP_______
Phone__________________________
E-mail__________________________

Hole Sponsor

- Par Sponsor $150 (sign at hole)
  Check made out to Marshfield Clinic

Name of business__________________________
(as you want it to be on your hole sponsor signs)
Address__________________________
City_________State___ZIP_______
Phone__________________________