

MHHA Fourth Annual Golf Tournament

When: Tuesday, Sept. 16
Where: Pine Beach East
Madden's on Gull Lake, Brainerd
Entry fee: \$75

Noon-12:45 p.m. Registration & Lunch *sponsored by Omnicare Minnesota*
1 p.m. Shotgun Start
5 -7:30 p.m. 19th Hole Golf Awards and Meet & Greet Reception
sponsored by Dougherty & Company LLC and hosted by District C

Preliminary Details:

1. Check-in at Madden Inn starting at Noon on Tuesday, Sept 16. Lunch will be provided. Groups must be at their carts for a shotgun start at 1 p.m. All skill levels welcome for this scramble tournament.
2. Registration is limited to 150 representatives of MHHA active PROVIDER members. *Business Partners are eligible to golf in the tourney only if they are 2008 Annual Sponsors.*
3. Teams will consist of up to four participants, possibly including a sponsor. MHHA reserves the right to change and complete team pairings.
4. To register as a group, list all names on one form. Please make sure all group members are aware of the registration and include payment on their MHHA conference registration form (see section C).
5. To ease congestion, golf carts will be assigned to each team. Refreshments and snacks will be provided throughout play. The cost of the cart, refreshments and snacks is included in the entry fee.
6. Participants who do not have lodging at Madden's must pay a \$42 greens fee at the pro shop prior to play. This is in addition to the \$75 tourney fee.

Entry fee should be paid by each individual on MHHA's conference registration form found on pages 9 and 10 (see section C). Send this form with your conference registration form.

No refunds will be granted for cancellations received after Friday, Sept. 5, 2008. Please contact Adam Suomala at MHHA with any questions. We look forward to seeing you for a fantastic day of golf!

Golf Tournament Registration Form

(Please print or type clearly.)

Name _____

Organization _____

Group Members (list the names of your desired team):

Name _____ Organization _____

Name _____ Organization _____

Name _____ Organization _____

Indicate payment on MHHA's conference registration form found on pages 9 and 10.

