



**Free Medical Clinic of DuBois  
5th Annual Golf Outing  
Sunday May 21, 2017  
Treasure Lake- Silver Course**

**Registration and light lunch begins at 11:30  
Shot gun start at 1:00 p.m.  
Four Person Scramble  
Entry Fee: \$85 per person/\$300 Team  
Includes greens fees, cart, dinner, and prizes.**

**HOLE IN ONE GRAND PRIZE.....\$500.**

**Early Bird Registration & Sponsors Receive  
Special Mulligan Package if Reserved by:  
April 30<sup>th</sup> 2017**

- Do Over Drive                      -Get out of sand free
- Free Putt                              -Behind a tree free drop

**Sponsorship Opportunities**

- Event Sponsor**..... **\$2,000**  
Includes 2 teams of 4 golfers, recognition on FMC website, signage for advertising, program. Tee sign on your choice hole. Each of your team golfers receive a Free Medical Clinic golf shirt with your choice of Team Name. Special Mulligan package for each of your teams.
- Gold Sponsor** ..... **\$1,000**  
Includes 1 team of 4 golfers, recognition on FMC website, signage for advertising, program and Tee sign on selected hole. Special mulligan package for each of your teams.
- Silver Sponsor**..... **\$500**  
Includes recognition in program, FMC website, signage for advertising and hole sponsor sign. Special Mulligan Package for your team.
- Bronze Sponsor**..... **\$250**  
Includes recognition in program and hole sponsor sign.
- Hole Sponsor**.....**\$100**  
Sign at tee.
- Chinese auction or Prize Item** - Please contact Free Medical Clinic to arrange for pick-up by committee.

**Team Registration**

**Registrations for Early Bird must be received by April 30, 2017. Regular registration by May 12<sup>th</sup>, 2017**

Player #1 \_\_\_\_\_ Phone # \_\_\_\_\_ Player #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Player #3 \_\_\_\_\_ Phone # \_\_\_\_\_ Player #4 \_\_\_\_\_ Phone # \_\_\_\_\_

Individual Player \_\_\_\_\_ Phone# \_\_\_\_\_ \*Option to be partnered with a team

Team Captain \_\_\_\_\_ Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Please indicate the sponsorship(s) you would like and/or team registration.  
Completed form and check payable to the Free Medical Clinic of DuBois, Inc. should be returned to:  
Free Medical Clinic of DuBois, Inc. ~Attn: Dominic Varacallo~ 47 W. Long Ave. ~ DuBois, PA 15801~(814) 372-2200**

