

2024 Glenn Roberts Elks/ Iowa City Hospice Golf Classic

Registration Form *MONDAY, July 29th* ****Teams limited to first 20****

(Registrations with three or fewer golfers will be placed in a foursome.)

Name	Payment enclosed <input type="checkbox"/>
Address	Will pay at event <input type="checkbox"/>
Phone	
E-mail	

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E-mail	

Team Name:

Team Captain:

Online Registration:

<https://iowacityhospice.org/annual-glenn-roberts-elks-iowa-city-hospice-golf-classic/>

18 Holes Golf with Lunch

\$125 per Golfer x _____ = \$ _____

Tee time: _____ 8:00am _____ 1:00pm

of carts needed _____ (no additional charge)

TOTAL: _____

Please make checks payable to:
Iowa City Hospice, 1526 Sycamore St, Iowa City IA 52240

Please contact Sonya:
clementss@vnaic.org or
319-688-4213
with any questions