



Decatur Morgan Hospital Foundation's 21st Annual Golf Classic will be held at Burningtree Country Club on **Saturday, August 10, 2024**. For more information about the Golf Classic Tournament, please contact the Foundation office at 256.973.2187.

### Tournament Information

The golf tournament will be a four-person scramble, shotgun start with a morning tee time at 8 am and an afternoon tee time at 1 pm. The cost for a team of four is \$600. Two mulligans per player are available for \$25 per player. First, Second and Third Place prizes will be awarded for both morning and afternoon sessions.

### Team Registration Form

Please complete the registration form and return to the Decatur Morgan Hospital Foundation at Post Office Box 2239, Decatur, AL 35609-2239, [foundation@dmhnet.org](mailto:foundation@dmhnet.org) or fax to 256.973.2944.

#### PLAYER 1 (Team Contact)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

#### PLAYER 2

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

#### PLAYER 3

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

#### PLAYER 4

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Fees

Entry Fee: \$600 per team (\$150 per player)  
 Two mulligans per player are available for \$25 per player.

### Format

Four-person scramble, shot-gun start.

### Prizes

First, Second & Third Place prizes for morning session and afternoon session.

### Tee Times

#### MORNING SESSION ..... 8AM

- Registration and Breakfast snack beginning at 7:00 am
- Lunch provided at the conclusion of the session
- Award presentations at 1:30 pm

#### AFTERNOON SESSION ..... 1PM

- Registration beginning at 11:30 am
- Lunch will be provided beginning at 11:30 am
- Dinner snack available at 6:00 pm
- Award presentations at 6:30 pm

### Session Preference

Morning Session    Afternoon Session  
 (Space is limited. Team entries will be based on the order that payment is received.)

### Payment Information

Enclosed is a payment for \$ \_\_\_\_\_  
 (Entry Fee: \$600 per team, \$150 per player. Two mulligans per player are available for \$25 per player, \$100 per team.)

I cannot attend, but I would like to make a donation of \$ \_\_\_\_\_ to Decatur Morgan Hospital Foundation.

### Payment Method

Checks payable to Decatur Morgan Hospital Foundation.  
 MasterCard    Visa    American Express

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

