



Decatur Morgan Hospital Foundation's 22nd Annual Golf Classic will be held at Burningtree Country Club on **Saturday, August 9, 2025**. 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.

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 8:00 AM

- 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 1:00 PM

- 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

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 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 _____

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 _____



DECATUR MORGAN HOSPITAL
FOUNDATION

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