

# REGISTRATION

## GOLFER INFORMATION

☐ Individual - \$150    ☐ Foursome - \$600

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ HDCP \_\_\_\_\_  
Email \_\_\_\_\_

## TEAM INFORMATION

### GOLFER 1

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ HDCP \_\_\_\_\_  
Email \_\_\_\_\_

### GOLFER 2

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ HDCP \_\_\_\_\_  
Email \_\_\_\_\_



If you need to register additional golfers, please visit [regionalhealth.org/cmn](http://regionalhealth.org/cmn) or call the Children's Miracle Network office at 605-755-9192.

### GOLFER 3

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ HDCP \_\_\_\_\_  
Email \_\_\_\_\_

### GOLFER 4

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ HDCP \_\_\_\_\_  
Email \_\_\_\_\_



For many years Jack Nicklaus wore yellow to show his support for Craig, a young man battling cancer. Today, Jack and Barbara Nicklaus are inviting you to Play Yellow and show your support for kids like Craig at your children's hospital. **Join us and help ill and injured kids treated at Regional Health hospitals.**

**For questions or more information, call 605-755-9192**

### Mail Your Registration to:

Children's Miracle Network  
PO Box 6000, Rapid City, SD 57709

**Or Register Online:** [regionalhealth.org/cmn](http://regionalhealth.org/cmn)



Children's  
Miracle Network  
Hospitals



Regional Health  
Foundation



# Play Yellow

## Children's Miracle Network Golf Tournament

**Friday, September 13, 2019**  
HART RANCH GOLF COURSE

## Helping Local Kids!



SPONSORSHIP OPPORTUNITIES  
& EVENT DETAILS

SPONSORSHIP OPPORTUNITIES

EAGLE SPONSOR - \$5,000

2 TEAM REGISTRATIONS (8 GOLFERS)

- Special logo recognition on event signage and website
- Signage with company name/logo at two holes
- Option to place specialty items in gift bags
- Recognition at post-tournament luncheon

BIRDIE SPONSOR - \$2,500

1 TEAM REGISTRATION (4 GOLFERS)

- Special logo recognition on event signage and website
- Signage with company name/logo at one hole
- Option to place specialty items in gift bags
- Recognition at post-tournament luncheon

PAR SPONSOR - \$1,000

1 INDIVIDUAL GOLFER REGISTRATION

- Special logo recognition on event signage and website
- Option to place specialty items in gift bags
- Recognition at post-tournament luncheon

GOLF CART SPONSOR - \$1,500

- Special logo recognition on event signage and website
- Signage with company name/logo on golf carts
- Recognition at post-tournament luncheon

TEE/HOLE SPONSOR - \$400

- Signage with company name/logo at one hole
- Recognition at post-tournament luncheon

ABOUT US

One hundred percent of the proceeds from the Play Yellow tournament benefit Children’s Miracle Network Hospitals® (CMNH) at Regional Health. CMNH works to fund programs, state-of-the-art medical equipment and services for ill and injured kids.

COST IS \$150/PLAYER WHICH INCLUDES  
GREEN FEES, CART AND LUNCHEON

Registration . . . . . 7:00 a.m.

Shotgun Start . . . . . 8:00 a.m.

Lunch and awards following tournament

EVENT DETAILS

- 18-hole, four-person scramble
- 3 flights with prizes for 1st, 2nd and 3rd place teams
- Flag prize contest on every hole
- Hole-in-one contests
- Additional tournament games will be available for on-site fees

REGISTRATION &  
METHOD OF PAYMENT

SPONSORSHIP INFORMATION

☐ EAGLE SPONSOR - \$5,000

☐ BIRDIE SPONSOR - \$2,500

☐ PAR SPONSOR - \$1,000

☐ GOLF CART SPONSOR - \$1,500

☐ TEE/HOLE SPONSOR - \$400

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

METHOD OF PAYMENT

Payment below is for both sponsorship and non-sponsorship participants

☐ CHECK

☐ VISA

☐ MASTERCARD

☐ INVOICE

Cardholder Name \_\_\_\_\_

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

CC# \_\_\_\_\_

Make Checks Payable to:

**CHILDREN’S MIRACLE NETWORK**

