



4 - PERSON BEST SHOT

GOLF OUTING

TEAM REGISTRATION FORM

GOLFER 1: _____

GOLFER 2: _____

GOLFER 3: _____

GOLFER 4: _____

TEAM CONTACT NAME, PHONE, & EMAIL:

How many carts does your team need: 0 1 2

Is your team sponsored by a business/organization? YES NO

If YES, please list: _____

PAYMENT MUST BE INCLUDED WITH ENTRIES & IS DUE AUGUST 1, 2026.
\$75/PLAYER | TOP FLITE/EAGLE SPONSORSHIP TEAM REGISTRATION IS
INCLUDED

PLEASE COMPLETE THIS FORM & RETURN WITH PAYMENT TO:

Jackson County Hospital Foundation
attn: Katie Bopes
601 Hospital Drive
Maquoketa, IA 52060
katie.bopes@mercyone.org | 563-652-7751

Space is limited and registration is accepted on a first-come, first-served basis. Payment is final and no refunds will be issued. Your registration includes 9 holes of golf, golf cart, light lunch, and a catered dinner. Enjoy entertaining games throughout the course, and also buy some chances to win great raffle prizes.