

# Monroe Clinic & Hospital Foundation

A member of  SSMHealth.

## 21<sup>th</sup> ANNUAL GOLF OUTING – August 4, 2026

**Deadline: May 4, 2026 for full media recognition**

### SPONSORSHIP & REGISTRATION FORM

Monroe Golf Club, 2205 21<sup>st</sup> Street, Monroe, WI  
 Registration - 10:30 am, Scramble Format Start- 11:30 am  
 Evening Dinner & Program – 5:00 pm / Monroe Golf Club 2205 21<sup>st</sup> Street, Monroe, WI

**Name/Company:** \_\_\_\_\_  
*As you'd like your name or company to appear in recognition*

**Yes, I would like to sponsor:** (check one)

- |  |   |
|--|---|
| <p><input type="checkbox"/> <b><u>Ace Sponsors</u></b> - \$15,000</p> <ul style="list-style-type: none"> <li>- Four recognition signs on the course with sponsor logo</li> <li>- Logo on social media, program, table tents</li> <li>- Recognition on sponsor banner</li> <li>- Golf, lunch, and dinner for eight</li> <li>- Reserved table</li> <li>- Receive Fast Pass for all eight golfers*</li> </ul> <p><input type="checkbox"/> <b><u>19th Hole Sponsors</u></b> - \$10,000</p> <ul style="list-style-type: none"> <li>- Logo on table tents around bar and tables</li> <li>- Logo on invitation, social media, program, table tents</li> <li>- Recognition on sponsor banner</li> <li>- Golf, lunch, and dinner for eight</li> <li>- Receive Fast Pass for all eight golfers*</li> </ul> <p><input type="checkbox"/> <b><u>Eagle Sponsors</u></b> - \$5,000</p> <ul style="list-style-type: none"> <li>- Four recognition signs on the course with sponsor logo</li> <li>- Logo on invitation, social media, program</li> <li>- Recognition on sponsor banner</li> <li>- Golf, lunch, and dinner for eight</li> <li>- Receive Fast Pass for all eight golfers*</li> </ul> <p><input type="checkbox"/> <b><u>Birdie Sponsors</u></b> - \$2,500</p> <ul style="list-style-type: none"> <li>- Two recognition signs on the course with sponsor logo</li> <li>- Logo on invitation, social media, program</li> <li>- Recognition on sponsor banner</li> <li>- Golf, lunch, and dinner for four</li> <li>- Receive Fast Pass for all four golfers*</li> </ul> | <p><input type="checkbox"/> <b><u>Hole Sponsors</u></b> - \$1,600</p> <ul style="list-style-type: none"> <li>- One recognition sign on the course</li> <li>- Name on invitation, social media, program</li> <li>- Recognition on sponsor banner</li> <li>- Golf, lunch, and dinner for four</li> </ul> <p><input type="checkbox"/> <b><u>Hospitality Host</u></b> - \$750</p> <ul style="list-style-type: none"> <li>- Hospitality Host sponsors listed at lunch station</li> <li>- Name on invitation, social media, program</li> <li>- Recognition on sponsor banner</li> <li>- Golf, lunch, and dinner for one</li> </ul> <p><input type="checkbox"/> <b><u>Beverage Cart</u></b> - \$400</p> <ul style="list-style-type: none"> <li>- Beverage sponsors listed on beverage carts</li> <li>- Name on invitation, social media, program</li> <li>- Recognition on sponsor banner</li> </ul> <p><input type="checkbox"/> <b><u>Hometown Sponsor:</u></b> - \$200</p> <ul style="list-style-type: none"> <li>- Group sponsor sign on course (3 sponsors per sign)</li> <li>- Recognition on sponsor banner</li> </ul> |
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*\* Fast pass includes two drink tickets, 3 mulligans and a special 2026 SSM branded item per person*

	<u>QTY</u>	<u>TOTAL</u>
<b>SPONSORSHIP from above</b>	=	\$ _____
Golf & Dinner \$175	x _____	= \$ _____
Dinner Only \$100	x _____	= \$ _____
Donation (No goods or Services)	=	\$ _____
<b>GRAND TOTAL</b>		<b>= \$ _____</b>

**Check Payable To:** Monroe Clinic & Hospital Foundation, 515 22<sup>nd</sup> Avenue, Monroe, WI 53566

**Credit Card:** Go to [givetossmhealth.org/MonroeEvents](http://givetossmhealth.org/MonroeEvents) or fill out the form on the backside.

**Credit Card information:** *Discover, MasterCard, Visa*

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_ Signature \_\_\_\_\_

**REGISTRATION**

**1) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

**3) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

**5) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

**7) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

**2) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

**4) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

**6) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

**8) Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Email: \_\_\_\_\_

*Golf & Dinner*     *Dinner Only*

Questions? Jane Sybers, Executive Director, at [jane.sybers@ssmhealth.com](mailto:jane.sybers@ssmhealth.com) or 608-324-2868