



SWING for SSM Health St. Mary's

Golf, Tennis, and Pickleball Classic

Entry form

Sponsors, teams, and players
Please register by September 18

Name of sponsorship*/or player name: _____

Contribution amount: _____

I would like to play:

Monday, Oct. 5 | Golf - \$200

Preferred tee time: _____

I would like to play (select one):

Sunday, Oct. 4 | Tennis - \$75

Sunday, Oct. 4 | Pickleball - \$75

Both - \$125

Payment options:

Check (Make check payable to SSM Health St. Mary's Hospital Foundation)

Credit Card MasterCard Visa Discover

Credit card number: _____ Expiration: _____

Name on card: _____

Contact information (please print):

Contact name: _____

Phone: _____

Team/Company name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Player information:

Player 1

Name: _____

Email: _____

Player 2

Name: _____

Email: _____

Player 3

Name: _____

Email: _____

Player 4

Name: _____

Email: _____

Register online:

givetossmhealth.org/stmarysjcevents

Mail form with payment to:

SSM Health St. Mary's Hospital Foundation
2505 Mission Drive, Jefferson City, MO 65109

For questions:

Please call 573-681-3742 or email
Tori Baker at tori.baker@ssmhealth.com.



SSMHealth.

St. Mary's Hospital Foundation
JEFFERSON CITY