



**Friday, July 25, 2025**

**Green Hills Golf Club**

3800 E. Fairfield Road, Mt. Vernon, IL 62864

**8:00AM: REGISTRATION & CHECK-IN**

**10:00AM: SHOTGUN START**

**Lunch will be served at turns 9 & 18**

*\* hot dogs & brats will also be served out at the far reaches of the course*

**3:00PM: Post-Tournament Reception**

*\* door prizes (must be present to win)*

**SPONSORSHIPS:**

*Sponsorships include a foursome in the tournament and recognition in all tournament materials. Only one available unless noted otherwise.*

- o Post-Tournament Reception Sponsor: **SOLD**
- o Awards Sponsor: \$2,000
- o Lunch Sponsor (2): **SOLD**
- o Visor Sponsor: **SOLD**
- o Team Photo Sponsor: **SOLD**
- o Breakfast Bar Sponsor: **SOLD**
- o Registration Sponsor: **SOLD**
- o Scramble Back 9 Griller Sponsor: **SOLD**
- o Golf Cart Sponsor: **SOLD**
- o Course Beverage Sponsor: **SOLD**

**ADDITIONAL SPONSORSHIPS:**

*Additional sponsorships DO NOT include golfer registration. All additional sponsors will receive their company logo and recognition in all tournament materials. Only one available unless noted otherwise.*

- o Hole-In-One Contest Sponsor: **SOLD**
- o Longest Drive Contest Sponsor: **SOLD**
- o Longest Putt Contest Sponsor: **SOLD**
- o Closest-To-The-Pin Contest Sponsor (2): **SOLD**
- o Driving Range Sponsor: **SOLD**
- o Putting Green Sponsor: \$300
- o Golf Hole Sponsor (18): \$300

**INDIVIDUAL REGISTRATION:**

*Registration includes golf, cart, food, and beverages.*

- o **Foursome Registration:** \$500 # \_\_\_\_\_
- o **Individual Golfer Registration:** \$125 # \_\_\_\_\_
- o **Non-Golfer Registration:** \$50 # \_\_\_\_\_  
*(incl. food & beverage)*

**GOLFER INFORMATION:**

4-Person Scramble Tournament.

Player #1 \_\_\_\_\_

Player #2 \_\_\_\_\_

Player #3 \_\_\_\_\_

Player #4 \_\_\_\_\_

Contact Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

**PAYMENT INFORMATION:**

Total amount paid: \_\_\_\_\_

- o Send an invoice for payment to the address above.
- o My check is enclosed. Make checks payable to: IOGA
- o Please charge my credit card.
  - o MC o VISA o AmEx o Disc

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC# \_\_\_\_\_

Signature \_\_\_\_\_

**REGISTER/SPONSOR**

online at [www.ioga.com](http://www.ioga.com)  
email this form to [acook@ioga.com](mailto:acook@ioga.com).

Call Ed Cross (785-220-3534) or  
Ann Cook (618-242-2857) with any questions.