HOLE SPONSORSHIP:

____ holes at $250 each = $____

PRIZE SPONSORSHIP:

_____ at $100 each = $____

DONATION OF: ____________________________________________________________

Sponsor Name and Address: __________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

E-mail Address: ____________________________________________________________

A representative will play in the tournament (includes golf and cart rental):

Name(s): _________________________________________________________________

_____ People at $70.00 each = $____

If paying/registering by credit card, please go to: www.dentistry.uiowa.edu/alumni-golf-tournament. If paying by check, make the check payable to: College of Dentistry / IDA Golf Tournament and mail form to: Ms. Amanda Shoemaker, The University of Iowa, College of Dentistry, 346 Dental Science N, Iowa City, IA 52242-1010, or fax to: 319-335-7155. If you have any questions, please call Amanda at 319-335-7166.