

PHARMACY ALUMNI ASSOCIATION

# 11th Annual Scholarship Golf Tournament

The Meadows of Sixmile Creek  
Waunakee, Wisconsin

June 19, 2009  
10:00 a.m.-5:30 p.m.

*Assemble your foursome now!*  
*For more information or to download a registration form,*  
*visit [www.pharmacy.wisc.edu/alumni](http://www.pharmacy.wisc.edu/alumni)*

Golf course stats – Par 72  
– 6469 yards  
– Course rating 71  
– Scramble format



SCHOOL OF  
PHARMACY  
University of Wisconsin-Madison



### Sponsoring Company/Organization/Individual

\_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Division

- Men's     Women's     Mixed Couples  
 Please check if attending cookout (included in fee)

### Please enclose fees for the following

**Sponsorship Opportunities**  
Gold \$5,000 \$ \_\_\_\_\_  
Silver \$2,500 \$ \_\_\_\_\_  
Bronze \$1,000 \$ \_\_\_\_\_  
Friend \$500-\$999 \$ \_\_\_\_\_  
\_\_\_\_ Team(s) @ \$540 \$ \_\_\_\_\_  
Individual player fee @ \$135 \$ \_\_\_\_\_  
Scholarship Donation \$ \_\_\_\_\_  
Prepaid Mulligans, \$10 each (max. 5 per team) \_\_\_\_\_  
**Total Enclosed = \$ \_\_\_\_\_**

*All sponsors receive a  
golf tournament package  
for one individual*

### Registration Deadline: Friday, May 22, 2009

Early bird: Thursday, April 30, 2009

Fees	Early Bird	After April 30
Individual	\$125	\$135
Foursome	\$500	\$540

### Return this registration form with a check payable to:

Pharmacy Alumni Association  
1210 Rennebohm Hall  
777 Highland Avenue  
Madison, WI 53705-2222  
Phone: (608) 262-2890    FAX: (608) 262-3943  
Email: [pjfrench@pharmacy.wisc.edu](mailto:pjfrench@pharmacy.wisc.edu)  
Website: [www.pharmacy.wisc.edu/alumni](http://www.pharmacy.wisc.edu/alumni)

### Team Roster

Please sign up the following team members (please print or type names)

**Captain** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
**Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
**Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
**Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_