

Scrivner Public Health Foundation



Has been serving St. Clair County since 1996, and is a registered 501 (c) 3 organization.

Our Mission is to promote self-responsibility, healthy lifestyles, prevention of disease and improvement of public health through support of various programs.

Tournament proceeds will help support:

- Student scholarships
- Public awareness campaigns
- School-based educational programs and activities
- Healthy moms and babies
- Teenage pregnancy prevention

DR. WILLARD C. SCRIVNER
PUBLIC HEALTH FOUNDATION
c/o St. Clair County Health Department
19 Public Square, Suite 150
Belleville, IL 62220

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Dr. Willard C. Scrivner
Public Health Foundation
5th Annual
Benefit Golf Tournament



**September 11, 2010
1:00 p.m. Shotgun**

**Locust Hills
Country Club
Lebanon, IL
4 Person Scramble**

HOLE SPONSORSHIP

\$100.00

By sponsoring a hole, you will be supporting public health programs and will receive recognition in event publications. Additionally, a large sign advertising your business will be displayed on the course the day of the tournament.

Company Name _____

Contact _____

Address _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

Please list my sponsorship name as:

Please mail your \$100 check for hole sponsorship and above registration form to:

Scrivner Foundation

Attn: Marilyn Vise
19 Public Square – Suite 150
Belleville, IL 62220

You can email your company logo to be included on the sign to:

Marilyn.Vise@co.st-clair.il.us

5th Annual Scrivner Foundation Benefit Golf Tournament Saturday, September 11, 2010 1:00 pm ~ Shotgun Start Locust Hills Country Club

ENTRY FEE:

\$ 75.00 per person
\$300.00 per team

INCLUDES:

Greens fees, cart, skins game
3 beverage tickets (can be used for hot dogs) and these contests:
closest to the pin
long drive (men & women)
Mulligans available (\$5 each)



Registration starting at 11:30
Dinner following play
Attendance prizes
Awards ceremony
Raffle

REMINDER:

Deadline for Hole Sponsorships is:
August 28, 2010

DONATION: (Tax Deductible)

Sorry, I cannot attend but please accept my donation to the Scrivner Foundation in the amount of \$_____.

Thank you for your support!

If you have any questions please call:

Barb Hohlt 618-233-7769, x-4459
Marilyn Vise 618-233-7703, x-4401

Team/Individual Registration

Golfer 1 (Name, Mailing Address & Phone)

Golfer 2 (Name, Mailing Address & Phone)

Golfer 3 (Name, Mailing Address & Phone)

Golfer 4 (Name, Mailing Address & Phone)

OR

Name of Company that will send 4 golfers:

Contact person: _____

Telephone: _____

Mail your check and registration form to:

Scrivner Foundation Golf Tournament
Attn: Marilyn Vise
19 Public Square - Suite 150
Belleville, IL 62220