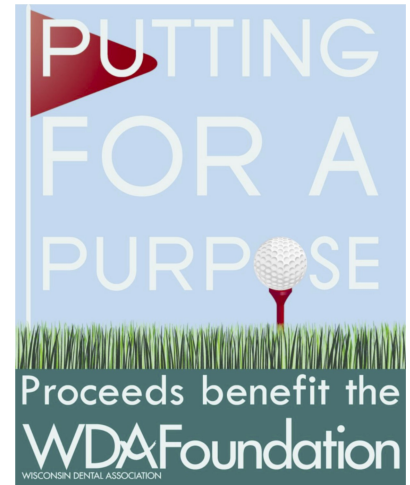




# State Dental Golf Classic

## Monday, September 12, 2022

South Hills Golf & Country Club  
1175 Fond du Lac Avenue  
Fond du Lac, WI 54935



**Rain or Shine!**

10:00 am Registration and Practice Greens open  
11:00 am - Noon Lunch  
12:00 pm Shotgun start  
5:30 pm Dinner, Cash bar, Awards presentation

**Lunch and Dinner are included with your golf registration fee.**

**Appropriate golf attire required - Blue jeans and metal spikes are strictly prohibited.**

**\$45 from each individual registration fee directly supports the WDA Foundation\***

**\*For federal income tax purposes, you may deduct only the amount by which the contribution exceeds the fair market value of such goods and services. Therefore, \$45 of your contribution is tax deductible to the fullest extent permitted by law.**

**Registration Fee: \$195 per golfer / Foursome - \$780**  
**Registration Deadline is Friday, August 19, 2022**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

If requesting a full or partial foursome, please list names, phone numbers and e-mail addresses of up to three (3) additional golfers who will fill your foursome.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PREFERRED GOLF FORMAT (CHECK ONE):** \_\_\_\_\_ **STANDARD GOLF** \_\_\_\_\_ **SCRAMBLE FORMAT**

If registering less than a full foursome, every effort will be made to pair you with other golfers who share your preferred format; however, your preference cannot be guaranteed. By your decision to participate, you agree to conform to any and all health protocols that may be in place at the time of the outing and you agree to hold harmless the WDA Foundation, its directors, staff and associates for any illness and/or injury resulting directly or indirectly from participating.

Visa/MasterCard # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Zip code for card: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_ CVV code \_\_\_\_\_

Make Checks Payable to & Mail Registration to:  
Call 414-755-4190 with questions.  
Payment will NOT be accepted at the door.  
No refunds.

**The Wisconsin Dental Association Foundation, Inc.**  
**6737 W. Washington Street, Suite 2360**  
**West Allis, WI 53214**

Credit card reservations can also be made via e-mail at: [agonzalez@wda.org](mailto:agonzalez@wda.org)  
**Payment must accompany registration.**