

# Team Registration

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

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

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

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

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**Team Name**

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## Payment Option:

Please Send a Paper Invoice ☐

Please send a Paypal Invoice ☐

Paid in Full ☐

**The deadline to register  
is August 9th.**

**Checks can  
be made payable to  
The Punxsutawney  
Area Hospital  
Foundation.**



## Updates & Reminders

- The Format of the Tournament is Handicapped Scramble.
- The dining experiences will be both indoor and outdoor.
- If you are interested in making a cash donation or giving a raffle prize contact the PAH at 814-938-1827.
- If you have participated in the past or if this is the first time- THANK YOU!
- We appreciate your support for the Punxsutawney Area Hospital and this fundraising event.

## PUNXSUTAWNEY COUNTRY CLUB



408 North Main Street  
Punxsutawney, PA 15767  
[www.punxsyscc.com](http://www.punxsyscc.com)  
814- 938-9760

## CONTACT DETAILS

Katie Donald  
Recruitment/ Public Relations Specialist  
Punxsutawney Area Hospital  
81 Hillcrest Drive  
Punxsutawney, PA 15767  
[kdonald@pah.org](mailto:kdonald@pah.org)  
814-938-1827



The Punxsutawney Area Hospital  
Presents The 46th Annual

# DR. F.J. TRUNZO GOLF OUTING

**Thursday, August 21st**

**Punxsutawney  
Country Club**



**PUNXSUTAWNEY  
AREA HOSPITAL**

[www.pah.org](http://www.pah.org)

# Join Us!

Punxsutawney Area Hospital cordially invites you to join us at the Punxsutawney Country Club on Thursday, August 21st for our 46th Annual Dr. F. J. Trunzo Memorial Golf Outing.

For the past 45 years this fundraising event has brought many of our hospital friends together, as well as many friends and acquaintances of the Trunzo family, to honor the memory of Dr. Francis J. Trunzo. It has also given us the opportunity to raise money to improve healthcare services for the members of our community.

This year's proceeds will be directed toward the Punxsutawney Area Hospital Foundation and their efforts to raise funds. The Foundations mission is to raise money to enhance Punxsutawney Area Hospital's programs, services, medical technology and equipment, as well as the recruitment and retention of physicians, and by engaging the community as partners in health improvement.

The Punxsutawney Area Hospital is proud to provide the community and region with the best care possible.

In closing, we truly enjoy the professional relationship we share with you, and we look forward to your joining us at this year's outing and making it a continued success.

## Event Details

Registration	11 a.m.- 12 p.m.
Lunch	11 a.m. - 12 p.m.
Shotgun Start	12 p.m. Sharp
Dinner & Awards	5 p.m.

There will be 7 skill prizes awarded.

## Participation Levels

**PLATINUM SPONSOR**      **\$5,000**

- 2 Foursomes
- 1 Hole Sponsor
- Grand Prize Sponsor
- Naming and Recognition in Program

**GOLD SPONSOR**      **\$3,500**

- 1 Foursome
- 1 Hole Sponsor
- Meal Sponsor
- Naming and Recognition in the Program

**SILVER SPONSOR**      **\$2,500**

- 1 Foursome
- 1 Hole Sponsor
- Naming and Recognition in Program
- Dessert Bar Sponsor

**BRONZE SPONSOR**      **\$1,500**

- 1 Foursomes
- 1 Hole Sponsor
- Naming and Recognition in Program

**FOURSOME**      **\$600**

- Green Fees with Golf Carts
- Prizes
- Lunch, Dinner, & Beverages

<b>HOLE SPONSOR</b>	<b>\$100</b>
<b>DINNER ONLY</b>	<b>\$45</b>
<b>BEVERAGE SPONSOR</b>	<b>\$800*</b>

*\*Beverage Sponsor includes two complimentary dinner vouchers for the event in addition to advertising at the event.*

## Participation Information

If you are interested in participating in the 45th Annual Trunzo Golf Tournament, please fill out the information below and check mark the appropriate boxes.

### FULL NAME

### PHONE NUMBER

### EMAIL ADDRESS

### ADDRESS

## PARTICIPATION LEVEL

Platinum Sponsor: \_\_\_\_\_

Gold Sponsor: \_\_\_\_\_

Silver Sponsor: \_\_\_\_\_

Bronze Sponsor: \_\_\_\_\_

Foursome: \_\_\_\_\_

Hole Sponsor: \_\_\_\_\_

Pin Flag.: \_\_\_\_\_

Dinner Only (Qty) : \_\_\_\_\_

Beverage Sponsor: : \_\_\_\_\_

Total Due: