



# Classic Golf 2024

## Riverside Country Club



Riverside Tournament  
August 5, 2024  
**10:00 am** shotgun start  
Format: **Shamble**

## The Powder Horn



The Powder Horn Tournament  
August 7, 2024  
**10:00 am** shotgun start  
Format: **Shamble**

## Hilands Golf Club



Hilands Tournament - **Morning**  
August 12, 2024  
**8:00 am** shotgun start  
Format: **Scramble**

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Hilands Tournament - **Afternoon**  
August 12, 2024  
**1:00 pm** shotgun start  
Format: **Shamble**

## Laurel Golf Club



Laurel **Women's** Tournament  
August 14, 2024  
**9:00 am** shotgun start  
Format: **Scramble**

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Laurel **Open** Tournament  
August 16, 2024  
**9:00 am** shotgun start  
Format: **Shamble**



# Classic Golf 2024

Business or Sponsor Name: \_\_\_\_\_

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

Business or Sponsor Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Golf Sponsorship Opportunities

*2 mulligans per player are included with purchase  
preferred placement is not guaranteed*



**\$1,500** Riverside  
Bozeman, MT - **Aug. 5**



**\$1,500** Powder Horn  
Sheridan, WY - **Aug. 7**



**\$1,500** Hilands AM  
Billings, MT - **Aug. 12**



**\$1,250** Laurel Women's  
Laurel, MT - **Aug. 14**

**\$1,500** Hilands PM  
Billings, MT - **Aug. 12**

**\$1,500** Laurel Open  
Laurel, MT - **Aug. 16**

Team Captain Name: \_\_\_\_\_

Email and Phone Number: \_\_\_\_\_

## Additional Golf Sponsorship Opportunities

*Includes sign recognition at all tournaments*

**\$3,000** Beverage Cart Sponsor

**\$3,000** Lunch Sponsor

**\$8,000** Golf Ball Sponsor (limited to one)

**\$1,200** Cart Sponsor

**\$500** Hole Sponsor

**\$8,000** Towel Sponsor (limited to one)

## Payment Options

**Total Amount: \$** \_\_\_\_\_

**Pay online** *Follow link to online giving form*

**Check enclosed**

**Invoice to (contact name/phone number/email)** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

### Return Address:

*Billings Clinic Foundation  
PO Box 31031  
Billings, Montana 59107-1031  
406-657-4670*

**Please complete this form and return via email ([gscott@billingsclinic.org](mailto:gscott@billingsclinic.org))  
or mail to return address. For questions, call (406)657-4670**

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Foundation Member Initial