

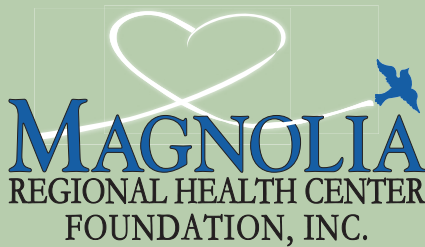
# SHILOH RIDGE ATHLETIC CLUB

3303 Shiloh Ridge  
Corinth, MS  
Ph: 662.286.8000

Friday, August 6, 2010  
Cost: \$500 per team  
Registration 7:00 AM

128 Golfers – 32 Teams

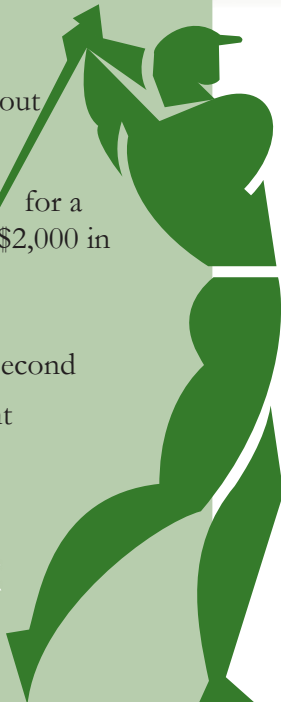
Enjoy a complete program of special events, 18 holes of golf (including cart), banquet with lunch included, goody bags for each player and an exciting awards presentation.



- Putting challenge on the practice green
- Longest Drive
- Hole-in-One Shootout
- 50/50 Ball Drop for a chance at over \$2,000 in prize money
- 3 Flights, first and second prizes for each flight



**Trustmark**



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# Dr. Mark S. Wells MEMORIAL GOLF



MAGNOLIA REGIONAL HEALTH CENTER FOUNDATION, INC.  
*4 Person Scramble*



This year's event will be held August 6th at SHILOH RIDGE.

REGISTRATION BEGINS AT 7 A.M., WITH TEE-OFF AT 9 A.M.

The cost for this event is only \$500 per team. This price includes entry into all events including a free chance at the 50/50 Challenge, 18 holes of golf, riding cart, lunch, and various awards.

There will be an awards presentation directly after golf at the Shiloh Ridge Grand Ball Room.

To help us properly plan for this event, please pre-register by filling out the information on the reverse and returning to Shiloh Ridge Athletic Club or call 662.286.8000. Space is limited to first 32 teams, so register now to reserve your team.

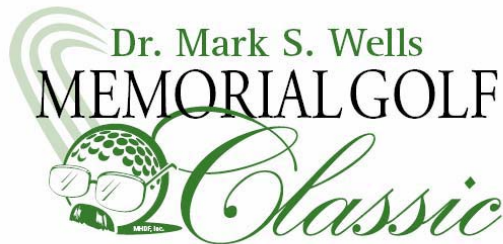
*Golf attire is required. Collared shirts, slacks and/or golf shorts. No steel spikes are allowed on the course. All participants must be at least 7 years of age.*


**Magnolia Regional Health Center Foundation, Inc.**

**Dr. Mark S. Wells Memorial Golf Classic**

**Friday, August 6, 2010 – Shiloh Ridge Athletic Club**

*Registration Form*




 **Team Name** \_\_\_\_\_

Team Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

 **Team Registration** *Accepted on a first come, first served basis. Cost: \$500 per team.*

Player 1: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Player 2: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Player 3: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Player 4: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

***Please return completed registration form to Shiloh Ridge Athletic Club.  
For additional information call 662.286.8000.***

For internal purposes only: Paid by \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsored By:**

