



*Announcing the
7th Annual
Gary Van Riper
Society Open Golf Classic
and
Scholarship Dinner*

**Bakker Crossing Golf Course
47172 Clubhouse Rd.
Sioux Falls, SD 57106
(605) 368-9700
Date: July 18th, 2008**

**Registration / Lunch / Driving Range at 11:00 AM
Shotgun start at 1:00 PM**

Display Session, Award Presentations and Scholarship Dinner immediately following.

◆This year we are providing a 9-hole option for those players/groups that do not want to play a full 18-holes. 9-hole players will play the 'front nine' and will be eligible for pin prizes that are placed on those holes. Meals, freebies, etc. . are the same as the 18-hole option◆

Registration Fees:

SDSHP Member-----	\$ 65.00
Non-SDSHP Member-----	\$ 75.00
Students-----	\$ 45.00
9-hole option-----	\$ 60.00
Scholarship Dinner (meal only)-----	\$ 20.00

Includes range balls, 18 holes of golf, a shared cart, lunch, supper, freebies, and a whole lot of FUN!!!

Sponsor Options:

All sponsors (individual or company) receive special recognition as an Event Sponsor:

Silver Sponsor - \$100 (includes 1 round* of golf)

Gold Sponsor - \$250 (includes 2 rounds* of golf)

Platinum Sponsor - \$500 (includes 4 rounds* of golf)

*Each round includes range balls, 18 holes of golf, a shared cart, meals, freebies, and a good time!!

Event Description: The Society Open is a fund-raising golf event to support SDSHP's student initiatives including scholarships and the ASHP Clinical Skills Competition. This year's tournament will be a 4-person scramble.

You are invited to submit a team or register as an individual for this event. For those individuals not submitting a team of 4, you will be assigned or paired to create a foursome.

Please include your email to assist with notification of details of the event including your tee time and foursome pairings.

Please note that this is an OPEN tournament. Anyone can play!! So bring your friends, family and anyone else for a great time!!

→ [] **COUNT ME IN!** ←

Name: _____

Company: _____

Address: _____

Telephone: _____

Email: _____

Team Members

1 _____

2 _____

3 _____

4 _____

(If you do not have a foursome, SDSHP will group you with other golfers)

Check all that apply

SDSHP member Student Silver Sponsor Gold Sponsor Platinum Sponsor

Paid in full Please make check payable to SDSHP Amount: \$_____

Bill me Amount: \$_____

I am interested in sponsoring part of the event. Please send me more information.

Return form (by July 7, 2008) to:

Avera McKennan Hospital Pharmacy

Attn: Tom Johnson

800 E. 21st Street

PO Box 5045

Sioux Falls, SD 57117-5045

thomas.johnson@mckennan.org

Phone: 605-322-8309 or 605-359-8670

Fax: 605-322-8335