

# SHAWANO AREA WATERWAYS

# Annual

# GOLF OUTING

*Title Sponsor:*  
*Charlie's County*  
*Market*

## TUESDAY

## JUNE 10, 2025

## SHAWANO LAKE GOLF COURSE

W5714 Lake Dr.  
Shawano, WI 54166

**10AM - REGISTRATION/SIGN IN**

**11AM - OPENING CEREMONY**

**11:30 AM - SCRAMBLE EVENT**

**6PM - DINNER**

- Pre-Register: \$120/Person
- Register as Single, Couple or Foursome
- Raffles
- Includes golf cart and dinner.
- Complimentary Range Balls

## HOLE IN 1 SPONSORS:

~Prime Power Sports~Jetski  
~Abby Bank~\$5000.00 Cash  
~American Marine~6 Seat UTV

## SEE BACK FOR REGISTRATION FORM

**PRE-REGISTER BY:**  
May 30th, 2025



hsmith@shawanoambulance.com



715-526-5555  
Ask for Heather

Mail to: SAWM  
220 N Main St.  
Shawano, WI 54166

Make Checks Payable  
to SAWM

# SHAWANO AREA

## REGISTRATION

## WATERWAYS



### Date

Tuesday, June 10, 2025

### Time

Check-in: 10:00am

Shotgun Start: 11:30am

### Place



Shawano Lake Golf Course  
W5714 Lake Dr  
Shawano, WI 54166

### Questions

Phone: 715-526-5555

Email: [hsmith@shawanoambulance.com](mailto:hsmith@shawanoambulance.com)

### Sponsorships

Check the sponsorship(s) of your choice:

- ☐ Hole Sponsor Fee **\$150.00**
- ☐ Entry Fee **\$120.00 per person**
- ☐ Hole Sponsor Entry Fee discount **\$100.00 x 1 person**
- ☐ Dinner ONLY **\$30.00 x #** \_\_\_\_\_
- ☐ Super Pack Raffle **\$30.00 (10)**

**Completed Form and Check Are Due by May 30th, 2025.**

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

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

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

Phone: \_\_\_\_\_

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

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

## REGISTER YOUR TEAM TODAY!

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

	Dinner Choices:	Tenderloin	Chicken Cordon Bleu	Walleye
Player 1 Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Player 2 Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Player 3 Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Player 4 Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fees

- ☐ Individual \$120/person
- ☐ Team \$480/Foursome

**\*\*\*If you hole sponsor and golf with a 4 some your first player is \$100 remaining players are \$120.00\*\*\***

Make Checks payable to SAWM. Mail form with check to:  
220 N. Main St, Shawano WI 54166.

Registration fees include: green fee, cart fee, dinner, range balls and chances to win GREAT prizes!

