

5th Annual

FIGHT PROSTATE CANCER

Know your Score

GOLF OUTING

Start the discussion!

**Early detection is your best defense
against prostate cancer.**

Monday, September 15, 2025

4 Person Scramble

18 Holes • \$100 per golfer

**Registration 8:00am • Shotgun start at 9:00am
Raffles • 50/50 Drawing • Prizes for the top 3 finishers!**

**WISCONSIN
RIVER
GOLF CLUB**

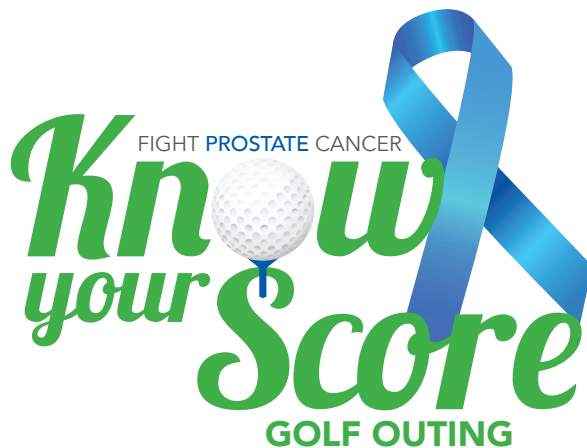


Register Online

**portagecountyprostatecancercoalition.com
or call 715-409-9636**

We encourage you to Know Your PSA Score!





Monday, September 15, 2025

Registration 8:00am • Shotgun start at 9:00am

Sponsorship Opportunities

The Masters (Premier Sponsor) - \$1,500

- Sponsor 8 golfers

The Open (Social Sponsor) - \$750

- Sponsor 4 golfers

The PGA

(Community Hole Sponsor) - \$500

- Sponsor 2 golfers

Education/Business

Display Sponsor - \$100

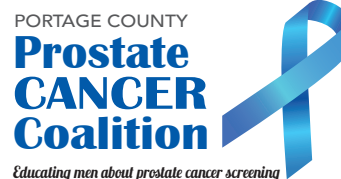
Raffle/Basket Sponsor

Sponsorship includes (x number of golfers), lunch and beverage the day of the event. If you would like to donate your golf spots, PCPCC (Portage County Prostate Cancer Coalition) will offer golf to men in our community! Promptly return the golfer registration below, call 715-409-9636 or email knowyourscoreportagecounty@gmail.com to register.

Register by September 5th for \$100 per 4-some!

Please return this invoice and remit your payment to PCPCC (Portage County Prostate Cancer Coalition) non-profit 501(c)3 corporation exclusively for charitable, educational purposes:

PO Box 523 Stevens Point, WI 54481



Your Name or Company Name: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

☐ I wish to donate all or a portion of the sponsored golf ☐ All ☐ Portion _____

Group Leader	First Name	Last Name	Group Leader	First Name	Last Name
Golfer #2	First Name	Last Name	Golfer #2	First Name	Last Name
Golfer #3	First Name	Last Name	Golfer #3	First Name	Last Name
Golfer #4	First Name	Last Name	Golfer #4	First Name	Last Name

Payment (please check): ☐ Check *payable to PCPCC ☐ Credit Card

Type of Credit Card: _____ Name on Credit Card: _____ \$: _____

Credit Card Number: _____ / Exp. Date: _____