2026 IHA INVITATIONAL

TURNING STONE RESORT CASINO

SHENENDOAH GOLF COURSE
SPORTSPLEX PICKLEBALL COURTS

SCHEDULE OF EVENTS:

TUESDAY, SEPTEMBER 15, 2026

Registration & Lunch	12:15pm
Shotgun Start - Scramble Format	1:30pm
Round Robin & Free Play	1:30pm
Reception & Awards Dinner	6:00pm

Now with pickleball!

REGISTRATION:

IHA/UISS Hospital Member Golfer	$225
Vendor Golfer	$350
IHA/UISS Hospital Member Pickleball	$50
Vendor Pickleball	$70
Reception Only	$125

AWARDS FOR:

1st Place, 2nd Place and pre-selected places.

CONTESTS INCLUDE:

$10,000 Hole-in-One, Closest to Pin on par 3s, Longest Drive, Straightest Drive

Golf Fee includes: Greens fees for one round, golf cart, on course beverage and snacks, lunch, cocktail reception, awards dinner, generous door prizes, and more

Pickleball Fee includes: Reserved courts, necessary equipment, beverage and snacks, lunch, cocktail reception, awards dinner, generous door prizes, and more

Please direct all inquiries to Nicole Hooks at nhooks@iroquois.org or golf@iroquois.org.

SPONSORSHIP OPPORTUNITIES

Please click here to submit sponsorship selection and payment online.

If you would prefer to pay by check, please fill out the information below:

Supply Chain Symposium Presenting Sponsor (2 available) *includes twosome for golf and two cocktail reception/dinner tickets	**$2,000**
Awards Dinner Sponsor *includes foursome for golf and four cocktail reception/dinner tickets	**$3,000**
Awards Cocktail Reception Sponsor *includes twosome for golf and two cocktail reception/dinner tickets	**$2,250**
Box Lunch Sponsor	**$1,750**
Golf - Beverage Cart and Snacks Sponsor	**$1,750**
Pickleball - Beverage and Snack Sponsor	**$1,500**
Hole-in-One Sponsor (2 available)	**$1,250**
Closest to the Pin Sponsor	**$1,250**
Longest Drive Sponsor	**$1,250**
Straightest Drive Sponsor	**$1,250**
Welcome Bag Sponsor	**$1,000**
Pickleball Court Sponsor	**$1,000**
Hole Sponsor (7 available)	**$750**
Prize Sponsor	**$500**
Giveaway Item Sponsor	**$500**

SPONSORSHIP: _____ TOTAL: $_____

CONTACT INFORMATION:

Company Name: _____

Contact Person: _____

E-mail Address: _____

Phone Number: _____

PAYMENT INFORMATION:

▫ Visa ▫ Mastercard ▫ AmEx ▫ Discover

Name on card: _____

Credit Card #: _____

Expiration Date: ____/____ **CCV:**_____

Please mail Sponsorship form and check made payable to:

Iroquois Healthcare Association Golf Tournament
15 Executive Park Drive, Clifton Park, NY 12065

Sponsorship forms paying by credit card can be emailed to **golf@iroquois.org.**

Sponsor Deadline: September 1, 2026