

December 2007

Dear Hawkeye Friend:

You are cordially invited to attend the 13th Annual Hawkeye Florida Golf Classic on Monday, February 4, 2008. Please join us and other UI representatives for a fun day of golf, followed by a reception with an hors d'oeuvre buffet, Hawk Shop door prizes, golf prizes, and an update on Hawkeye athletics.



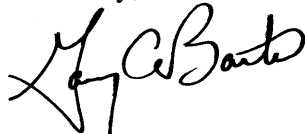
13th Annual Hawkeye Florida Golf Classic

- Date:** Monday, February 4, 2008
- Location:** Wildcat Run Country Club, Corkscrew Road, Fort Myers
- Time:** 1:00 p.m. Shotgun start; reception will follow golf (approximately 5:30 p.m.)
- Directions:** I-75 to Exit 123. Go two miles east on Corkscrew Road. Wildcat Run Country Club is on the south side of the road.
- Cost:** \$165—Includes green fees, cart rental, reception, and a special Hawkeye gift
OR
\$30—Social hour and reception only (NOTE: Reception will feature multiple hors d'oeuvre buffet stations with a varied menu including pasta, chicken, roast beef, and vegetable selections)
- Format:** Shamble format (use best drive of foursome)

Please complete the enclosed reservation form and return it in the envelope provided by January 14, 2008.

We're looking forward to seeing you at the Hawkeye Florida Golf Classic. **On Iowa!**

Sincerely,



Gary A. Barta
Director of Athletics



Andy Piro
Executive Director of Development

GAB/AP:mh
Enclosures

P.S. Lunch is available for purchase in the club house prior to the shotgun start.



13th Annual Iowa Hawkeye Florida Golf Classic

Monday, February 4, 2008 Wildcat Run Country Club Fort Myers, Florida



Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

Preferred foursome partners (if any):

Table with 4 columns: Name, Address, Phone, Have you confirmed with partner yes/no? and 4 rows for partner entries.

I am enclosing \$_____ for _____ golf and reception reservations (\$165 each).

I am enclosing \$_____ for _____ reception only reservations (\$30 each).

Total enclosed \$_____

Reception-only names, city, state: _____

Please make your check payable to the UI Foundation.

OR Please charge my credit card: [] Discover [] Mastercard [] VISA [] American Express

Credit card number: _____ Expiration date: Month _____ Year _____

Signature _____

Please return this form by: January 14, 2008

Athletic Development Office The University of Iowa Foundation One West Park Road, P.O. Box 4550 Iowa City IA 52244-4550 (800) 648-6973 (319) 354-4155 (fax)