



13th Annual



Golf Classic
Sponsored by Cerner

GOLFING FOR THE GOAL

Catawba Island Club

Arthur Hills Championship Golf Course

*Four Person Scramble
Shot Gun Start*

Monday, July 22, 2019

Schedule of Events

10:30 am • Registration Begins

11:00 am • Lunch on the Pro Shop Patio

11:30am • Edward Jones Investments “Money Shot”

12:00pm • Shot gun start

5:00pm • Dinner at CIC Main Clubhouse

FEES

\$150.00 per golfer

Fee includes 18 holes of golf with cart

Lunch, dinner, and two drink tickets

\$30.00 for guests at dinner

Skill prizes / betting holes

50/50 Cash drawing



Mission

Magruder Hospital Foundation will provide financial support to ensure the healthcare needs of our community are met.

Sponsorship Opportunities

- ___ **Dinner Sponsorship** - \$2,500 - *Registration for four golfers included*
- ___ **Lunch Sponsorship** - \$2,000 - *Registration for three golfers included*
- ___ **Cart Sponsorship** - \$1,500 - *Registration for two golfers included*
- ___ **Beverage Sponsorship** - \$1,000 - *Registration for one golfer included*
- ___ **Scorecard Sponsorship** - \$500 (limit of 6)
- ___ **Hole Sponsorship** - \$350
- ___ **General Contributor** - \$200 and above
- ___ **I/We cannot attend, but would like to make a contribution of \$_____.**



Mail completed form & payment to:

Magruder Hospital Foundation
 Michele Mueller
 615 Fulton Street
 Port Clinton, Ohio 43452

SPONSOR INFORMATION

(Sponsorship deadline for printed publicity is July 8, 2019)

Sponsor Name (as you wish to be listed in all publicity):

GOLF SIGN-UP

Also available at mhfgolfouting2019.eventbrite.com

Entry Fee: \$150 per golfer includes: 18 holes of golf with cart, lunch, dinner and two drink tickets. May register as team or individual.

See next panel for payment information.

Entries Close: July 16, 2019 or when field is full. Field limited to 30 teams.

CAPTAIN _____ SEX(circle): M F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

EMAIL _____

TEAMMATE _____ SEX(circle): M F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

EMAIL _____

TEAMMATE _____ SEX(circle): M F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

EMAIL _____

TEAMMATE _____ SEX(circle): M F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

EMAIL _____

PAYMENT INFORMATION

Total payment enclosed: \$ _____

Circle one: VISA MasterCard Discover Check

Card# _____

Exp. Date _____ / _____

Signature _____

Please make checks payable to:
 Magruder Hospital Foundation