

2017 Foundation Golf Tournament

The Newberry County Hospital Foundation invites you to be a part of the 2017 Golf Tournament.

Thanks to our supporters over the past several years, we have been able to provide funding for items such as chairs and an ice maker for our Oncology Department; fetal heart monitors, "Hugs & Kisses" security system and perinatal software upgrade for our New Beginnings Department; and surgical equipment for our Ambulatory Care Department.

All proceeds donated to the Newberry County Hospital Foundation support projects at NCMH. The Newberry County Hospital Foundation is a 501(c)(3) organization; tax ID number 58-2340652. All contributions are tax deductible to the extent allowed by law.



Golf Tournament October 19, 2017

Noon—1:00 p.m. Registration

The Country Club of Newberry
414 Country Club Road
Newberry South Carolina

Annual Golf Tournament

Entry Fee

\$100/player

Includes round of golf, tournament favors and a ticket to the Awards Reception

Awards Reception

\$20 Dinner/person

Prizes

1st Place -Trophy & cash prize

2nd & 3rd Place -Trophy

Stokes -Trainor Hole-in-One Contest
(Win A Car!)

Longest Drive
(Male-Super S Hybrid Club/Female-Hybrid Club)

Closest to the Pin
(Golf Balls)

Format

Captain's Choice - 4 man teams

Time

Noon - registration, with lunch

1 pm - Shotgun start

6 pm - Awards & dinner

Sponsorship Opportunities

Corporate Sponsor - \$1,000

- Eight players in tournament
- Eight *additional* Awards Reception tickets
- Logo displayed on course signs
- Product display at clubhouse
- Recognition at awards ceremony

Team Sponsor - \$500

- Four players in tournament
- Four *additional* Awards Reception tickets
- Business name on one of the holes
- Recognition at awards ceremony

Beverage Cart - \$300 (2 available)

- Company name on the cart

Tee Sponsor - \$150

- Four Awards Reception tickets
- Signage on a tee
- Mulligans and tee busters will be on sale at the tournament registration table
- Specialty sponsorship opportunities available

Name of Sponsoring Company/Team:

Tournament Deadline 10/13/17

Team Captain: _____

Company: _____

Address: _____

Daytime Phone: _____

Email: _____

Player 2: _____

Player 3: _____

Player 4: _____

Sponsorships

☐ Corporate Sponsor (\$1,000)

☐ Team Sponsor (\$500)

☐ Beverage Cart Sponsor (\$300)

☐ Tee Sponsor (\$150)

Donation of door prize: _____

Please return completed form with payment to:

Newberry County Hospital Foundation

PO Box 497

Newberry SC 29108

Please make checks payable to Newberry County Hospital Foundation

For more information call 803-405-7425

Visit our website at www.NewberryHospital.org

or email

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