



Join us!

MCF Golf Tournament

Monday, September 19, 2022



2309 Ridge Road
Windsor Mill, MD 21244



Schedule

Registration and Lunch

(Deluxe Box Lunches)

10:30 A.M.

Shotgun Start / Captain's Choice Event

(Refreshments provided, including beer,
bottled water, soft drinks, chips, and crackers)

12:00 P.M.

Hot Dog at the Half on the Course

3:00 P.M.

19th Hole BBQ Blast

5:30 P.M.

Awards and Prizes

Contact us

Phone: 410-910-6172
golf@maxhealth.com

Proceeds benefit the Maxim Charitable Foundation

The Maxim Charitable Foundation (MCF) is a non-profit 501(c)3 that provides assistance to members of the Maxim Healthcare Services family and others facing financial hardships.

W W W . M A X I M C H A R I T A B L E F O U N D A T I O N . C O M



Entry Fees

Individual entry: \$185 (per golfer)
Includes one playing position, lunch,
refreshments, and dinner.

\$185 x _____ = _____

Sponsorship

Event Sponsor: \$10,000

- 2 foursomes
- Lead advertising on all printed materials
- Beverage cart sponsorship
- Exclusive opportunity to include promotional items in golfers' welcome bag
- Hole Sponsorship

Ace Sponsor: \$5,000

- 1 foursome
- Recognition on all publications and printed materials
- Exclusive opportunity to include promotional items in golfers' welcome bags
- Hole Sponsorship
- Beverage Cart Sponsorship

Eagle Sponsor: \$1,500

- Recognition on all publications and printed materials
- Hole Sponsorship

Beverage Cart Sponsor: \$750

- Business name and/or logo on a beverage cart

Hole Sponsor: \$200

- Business name and/or logo on a sign at a tee box

Sign up Now!

Register online and pay by credit card or electronic check:

weblink.donorperfect.com/MCFGolf2022

Company Name _____
(as it would appear on signage, etc.)

Contact Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Total Payment Amount: \$ _____

Method of Payment:

Check enclosed* _____ (payable to: Maxim Charitable Foundation)

Master Card _____ Visa _____ Discover _____

Account Number _____ CVV # _____

Expiration Date _____

Name on Card _____

Signature _____

* Mail check to: 7227 Lee DeForest Dr., Columbia, MD 21046 ■ Attn: Jeff Forney

Player Registration

PLAYER 1

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____

E-mail _____

PLAYER 3

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____

E-mail _____

PLAYER 2

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____

E-mail _____

PLAYER 4

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____

E-mail _____

Attach additional copies of form if necessary

Please be aware that we will be filming and taking photographs during this event. Videos and photos may be used for external marketing purposes including, but not limited to, social media, web site, trainings, and other online and offline channels. If you wish to be excluded from these activities, please let us know prior to the event!