



11th Annual “Save A Life Golf Tournament”

Sponsored by:



**Blackberry Ridge Golf Course
3125 Clubhouse Rd. Sartell, MN**

**Monday, July 18th, 2022
Tee times: 8:30AM-5:00PM**

Golf and Sponsorship Opportunities

**Proceeds will go toward an
Outdoor AED Smart Monitored Cabinet
& Automated External Defibrillator (AED)
Purchase, Education & Training**



**For more information contact:
Joel Vogel at 320-260-5433
joel@advocates4health.org or**

**Rich Feneis at 320-260-4040
richfeneis@advocates4health.org**

Advocates4health.org

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Sponsorship plus Golf Fees

\$5,000 GOLD SPONSOR

- Tournament Sponsor
- 1 team of 4 golfers
- Lunch included



\$2,500 LUNCH SPONSOR

- Sponsor Name
- Lunch included



\$1,000 BEVERAGE CART SPONSOR

- Sponsor Name on beverage carts
- 1 team of 4 golfers
- Lunch included



\$250 WATER SPONSOR

- Signage on Hole 4 & 13
- Water not included



\$125 HOLE SPONSOR

- 1 Sponsor per hole
- Signage on hole



Games

\$40/TEAM Golf ball launch on hole #10

\$20/TEAM 30 FT Putting Contest

FREE Two tier green on hole #16.

Pick your best shot!

Games can also be purchased day of

\$2,500 DOUBLE AED SPONSOR

- 2 AEDS placed for future use
- 1 team of 4 golfers
- Lunch included



\$1,500 SINGLE AED SPONSOR

- 1 AED placed in Sponsor Name
- 1 team of 4 golfers
- Lunch included



\$750 GOLF CART SPONSOR

- Sponsor Name on all golf carts
- 1 team of 4 golfers
- Lunch included



\$200 LONGEST PUTT SPONSOR

- 1 Sponsor per hole (18 total)
- Prize awarded in Sponsor name

Golf Fees

\$400 1 GOLF TEAM

- 1 team of 4 golfers
- Lunch included



\$375 HEART SURGERY GOLF TEAM

- 1 member with past heart surgery
- 1 team of 4 golfers
- Lunch included



Total Registration: _____

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Golfer Registration and Sponsor Form

Golfer 1 Name	
Company	
Address	
City, State	
Zip	
Phone	
Email	

Golfer 3 Name	
Company	
Address	
City, State	
Zip	
Phone	
Email	

Golfer 2 Name	
Company	
Address	
City, State	
Zip	
Phone	
Email	

Golfer 4 Name	
Company	
Address	
City, State	
Zip	
Phone	
Email	

Total Registration: _____

I am unable to attend but would like to make a donation: _____

Preferred tee time: AM or PM (Joel Vogel will follow-up with exact tee times)

Please complete form and submit:

Mail Form and check payable to Advocates For Health 4067 Pine Point Rd. Sartell, MN 56377 - OR-
Fill CC Form out and email to: jessica@advocates4health.org

Credit Card Payment

Name of card: _____

Card #: _____

Billing info (address): _____

Card Exp. _____
Sec. Code: _____