

Participation Includes:

Lunch

18 Holes of Golf with Cart Awards and Skill Prizes Refreshments on the Course Dinner & Awards Presentation





Tournament Format ~ 4 Man Scramble

| 10:30 am: | Registration & Lunch |
|-----------|------------------------------------|
| 12:30 pm: | Shotgun Start |
| 5:30 pm: | Cash Bar |
| 6:00 pm: | Dinner Reception and Awards |

Contact Information:

Debbie Harn: 304-598-1337 harnd@monhealthsys.org

Limited rooms available for complimentary overnight lodging. Reserve Now.

Golfing Sponsorships

**Includes 2 reception tickets per golfer.

- [] Platinum ~ 8 Golfers \$25,000 Chairman Plus benefits & More! Please contact us for full list.
- [] Chairman Plus ~ 8 Golfers \$10,000 8 additional golfers anytime at Pete Dye Banner Recognition
- [] Chairman ~ 8 Golfers \$6000 Banner Recognition
- [] Classic ~ 6 Golfers \$4000
- [] Champion ~ 4 Golfers \$2500
- [] Masters ~ 2 Golfers\$1000

\$500

[] Eagle ~ 1 Golfer

Sponsorships ~ Non Golfing

| [] Pin Flags (18) | \$2500 |
|--|--------|
| [] Registration Table | \$1000 |
| [] Cart Window Clings (1 per cart) | \$1000 |
| [] Dinner Sponsor | \$1000 |
| [] Luncheon Sponsor | \$750 |
| [] Chairman's Cart Sponsor | \$500 |
| [] Refreshment Cart Sponsor | \$500 |
| [] Refreshment Stand (#7) | \$500 |
| [] Refreshment Coolers | \$200 |
| (#4 and #14) | |
| [] Tee Sponsor | \$100 |

| June 8, 2020 | Pete Dye Golf Club, 801 Aaron Smith Drive, Bridgeport, WV | | | | | | |
|-------------------------------|---|----------|-----------------------|--|--|--|--|
| Golfer's Name | | Handicap | Email or Cell Phone # | | | | |
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| Contact / Payment Information | | | | | | | |
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| Company Name | | | Contact Name | | |
|--------------|------------------------------|------------------|--------------|--|--|
| Mailiı | ng Address | | | | |
| Email | | | Cell Phone | | |
| [] | Enclosed is my check for \$_ | | Payable to: | Mon Health Foundation 1200 J.D. Anderson Drive Morgantown, WV 26505 | |
| [] | Credit Card # | | | Amount: \$ | |
| | Security code: | Expiration Date: | | Billing Zip Code: | |
| | | | • | es, business with any branch of Mon Health, bility to have a business relationship with us. | |
| www | w.monhealth.com/fou | ndation 304 | -598-1337 | harnd@monhealthsvs.org | |