



# Golf Classic at Pete Dye

**June 7, 2021**  
**12:30 pm Tee Off**



## 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:

**Luella Gunter: 304-598-1889**  
**gunterl@monhealthsys.org**  
**Limited rooms available for overnight lodging. Reserve Now.**

**REGISTER ONLINE AT: [www.monhealth.com/main/golf-tournaments](http://www.monhealth.com/main/golf-tournaments)**

## Golfing Sponsorships

**\*\*Includes 2 reception tickets per golfer.**  
**\*\*Amounts over \$225 per golfer are tax deductible.**

- 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**
- Eagle ~ 1 Golfer** **\$500**

## Sponsorships ~ Non Golfing

- Pin Flags (18)** **\$2500**
- Registration Table** **\$1000**
- Cart Window Clings** **\$1000**  
**(1 per cart)**
- Dinner Sponsor** **\$1000**
- Luncheon Sponsor** **\$750**
- Chairman's Cart Sponsor** **\$500**
- Refreshment Cart Sponsor** **\$500**
- Refreshment Stand (#7)** **\$500**
- Refreshment Coolers** **\$250**  
**(#4 and #14)**
- Tee Sponsor** **\$100**

**June 7, 2021**

**Pete Dye Golf Club, 801 Aaron Smith Drive, Bridgeport, WV**

Golfer's Name	Handicap	Email or Cell Phone #

**Contact / Payment Information**

Company Name _____		Contact Name _____	
Mailing Address _____			
Email _____		Cell Phone _____	
<input type="checkbox"/>	Enclosed is my check for \$ _____	Payable to:	Mon Health Foundation 1200 J.D. Anderson Drive Morgantown, WV 26505
<input type="checkbox"/>	Credit Card # _____	Amount: \$ _____	
	Security code: _____	Expiration Date: _____	Billing Zip Code: _____
<p>If you or your firm/organization happens to be one that wants to do, or currently does, business with any branch of Mon Health, participation, or lack of participation, in our events will not benefit or prejudice your ability to have a business relationship with us.</p>			