

Golf Tournament - Monday, Aug. 23

COUNTRY CLUB OF THE NORTH

A four-person scramble in which all proceeds raised will go towards our Medical Education Fund. This fund was created as a resource available for our residents, fellows, and transitional year residents to apply for grants to help with continuing education, research, equipment, and community outreach.

Platinum Sponsor: \$25,000

- 2 complimentary foursomes
- 2 course hole signs
- Premium Signage day of event
- Logo on website (1 year)
- Recognition at meal
- Sponsor gift package for 8 players
- Top billing of Logo on all digital and print marketing
- Display Tent (Supplied by Sponsor)

Titanium Sponsor: \$10,000

- 1 complimentary foursome
- 2 course hole signs
- Signage day of event
- Logo on website (1year)
- Recognition at meal
- Opportunity to include item in participant welcome bag
- Display Tent (Supplied by Sponsor)

Graphite Sponsor: \$5,000

- 1 complimentary foursome
- 1 course hole sign
- Logo on website (1 year)
- Recognition at meal
- Opportunity to include item in participant welcome bag

Steel Sponsor: \$2,500

- 1 complimentary foursome
- 1 course hole sign
- Logo on website
- Opportunity to include item in participant welcome bag

Other Sponsorship Opportunities:

Lunch Sponsor	\$4,000
Beverage Cart	\$2,500
Range Sponsor	\$750
Hole Sponsor	\$500
Closest to Pin Sponsor	\$500
Long Drive Sponsor	\$250
Individual Golfer	\$250



2021 REGISTRATION

MONDAY, AUGUST 23
COUNTRY CLUB OF THE NORTH
SHOTGUN START 9:00

Sponsorship

Level: _____

Contact Name: _____

Name on signage: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

**Please send a full-color logo to communityrelations@ketteringhealth.org by July 1.*

Player Registration

Player 1: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Player 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Player 3: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Player 4: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

CONTACT BRENDA STODDARD AT 937-352-2250 OR
BRENDA.STODDARD@KETTERINGHEALTH.ORG