

Trusting your SWING

Yes, I want to sponsor!

Sponsor Name _____

Contact Name _____

Address _____

City/State/Zip _____

Contact # _____

E-Mail _____

Golf Cart Sponsor \$1,000

Hole-In-One Sponsor

Hole Sponsor \$100

I cannot attend, but wish to contribute

Cash _____

Door Prize _____

ENTRY FEES

Platinum.....\$380

Gold.....\$280

Silver.....\$140

\$70.00 per Player

Twosomes & Foursomes Preferred

**METHODIST HOSPITAL
UNION COUNTY
FOUNDATION**

4604 U.S. Highway 60 West
Morganfield, KY 42437-6537

Invites You to Attend Our



GOLF SCRAMBLE

Friday, May 10, 2019

**Breckinridge Golf Course
Morganfield, Kentucky**

Proceeds to Benefit:

**METHODIST HOSPITAL
UNION COUNTY
FOUNDATION**

EVENT SPONSORSHIPS

Golf Cart Sponsor \$1,000

- Signage on all Golf Carts

Hole-In-One Sponsor

- Sponsor of Prize Offered
- Signage on Hole of Choice

Hole Sponsor..... \$100

- Signage on Hole

ENTRY FEES

Platinum..... \$380

- Foursome, Green & Cart Fees
- Hole Sponsorship & Signage

Gold..... \$280

- Foursome, Green & Cart Fees.

Silver \$140

- Twosome, Green & Cart Fees

\$5 Mulligans will be available for purchase on day of event. Limit 1 Mulligan per player.

CONTESTS

Closest to the Pin

Male/Female

Hole # 13 & #17

Hole-In-One

Hole #7, #8, #13, & #17

Longest Drive

Male – Hole #15

Female – Hole #5

SCHEDULE OF EVENTS

Registration.....8:30 a.m. - 10:00 a.m.

Shotgun Start10:00 a.m.

Lunch.....11:00 a.m. (on course)

Drink BarrelsHole #4 & #15

Health & Massage Tent....Hole #2

Hors d' oeuvres & Awards..... after play

DRESS CODE

Soft Spikes Only

Shirt with collar

RAIN DATE

Friday, May 17th, 2019

ENTRY FORM

Player #1 Name _____

Address _____

City/State/ Zip _____

Contact # _____

E-Mail _____

Player #2 Name _____

Address _____

City/State/ Zip _____

Contact # _____

E-Mail _____

Player #3 Name _____

Address _____

City/State/ Zip _____

Contact # _____

E-Mail _____

Player #4 Name _____

Address _____

City/State/ Zip _____

Contact # _____

E-Mail _____

MAIL COMPLETED ENTRY FORM TO:

Methodist Hospital Union County Foundation

Attn: Shannon Clements

4604 US HWY 60 W

Morganfield, KY 42437

Fax: 270-389-5059 Phone: 270-389-5051

Email: sclements@methodisthospital.net