

TEAM & HOLE SPONSOR PACKAGES

HCHF Premier Partner in Health Team Sponsor - \$1,000.00

Golf for Four includes green fees, carts, lunch, refreshments, 8 dinner tickets, HCH Foundation Golf Classic polo shirt for each player and name recognition on HCHF Golf Classic advertising & dinner program and on the HCHF Wall of Recognition at Harrison County Hospital.

HCHF Partner in Health Team Sponsor - \$600.00

Golf for Four includes green fees, carts, lunch, refreshments, 4 dinner tickets and name recognition on HCHF Golf Classic advertising & dinner program and on the HCHF Wall of Recognition at Harrison County Hospital.

Hole Sponsor - \$150.00

Name displayed at one of the tournament holes on the day of the HCHF Golf Classic and name recognition on the HCHF Golf Classic advertising & dinner program.

The sign should read as follows:

HCHF Golf Classic Contributor

\$ _____

Those who wish to contribute but are unable to participate in the HCHF Golf Classic may send a

*donation to:
Sheryl Voelker
HCH Foundation
1141 Hospital Drive NW
Corydon, IN 47112*



- **Hole-In-One Contest**
Sponsored by
John Jones AUTO GROUP
- **Longest Drive Contest**
- **Closest-to-the-Hole Contest**
- **Most Accurate Drive Contest**
- **Top 5 Team Awarded Prizes**
- **Raffles**
- **Lunch and Refreshments**
- **Golf Balls and Tees**
- **Dinner**
- **Door Prizes**

*The 2018 HCHF Golf Classic
is dedicated*

*In memory of
Carl Duley and
Fred & Kay Owen*



*Brochure compliments of
Kintner House Inn*

Harrison County Hospital Foundation

34th
Annual Golf Classic
July 13, 2018

In memory of
**Carl Duley and
Fred & Kay Owen**



OLD CAPITAL
GOLF CLUB
Corydon, Indiana

HCH Foundation Golf Classic

HCHF Welcomes You

The Harrison County Hospital Foundation, Inc. sponsors its 34TH Annual Golf Classic and Dinner on Friday, July 13, 2018. The sole mission of the HCH Foundation is to enhance the Hospital's ability to serve the people of our community. Gifts to the HCH Foundation support timely investments in lifesaving, educational and diagnostic equipment, as well as the community wellness and education programs, scholarships, and other services related to the mission of the Hospital.

The Tournament

The Golf Classic is an 18-hole scramble with a shotgun start. Please submit entry as soon as possible to ensure play. Each team playing one A, B, C, and D player as determined by handicap:

A=0-10 B=11-14 C=15-20 D=21+

**Handicap rules will be strictly enforced.
Please mail proof of handicap with entry.**

Teams may be modified in the following manner.

1. No team may have more than one A player and one B player
2. No team may have more than two B players and no A player
3. Each team must have at least one B player
4. No team may have a total handicap of less than 59.

NOTE: Women will be allowed to use the ladies' tees.
(This should add a bit of strategy as you put your team together).

Schedule of Events

All times are EDT

Tee Times: 8:00 a.m. and 1:00 p.m.

11:00 a.m. — 1:00 p.m.

Sandwiches and drinks available

Approx. 6:00 p.m.

*Dinner at the Old Capital Golf Club
Awards Presentation following dinner*

****No Carry-In Alcohol*

Gifts, Prizes & Raffles

For your golfing pleasure, all players receive golf balls, tees, refreshments, and the chance to win many raffles, and awarded prizes. The members of the top 5 teams will receive prizes.

Other contests include Longest Drive, Most Accurate Drive, and Closest-to-the-Hole. Winner of the Hole-In-One Contest (designated hole) receives a new car, compliments of John Jones Auto Group.

Each team is responsible for assembling team players and for filling out the Golf Classic Entry Form.

**PLEASE MAKE CHECKS PAYABLE TO:
HARRISON COUNTY
HOSPITAL FOUNDATION**

Detach and return this form with entry fee to:

**Sheryl Voelker
HCH Foundation
1141 Hospital Drive NW
Corydon, IN 47112**

**Questions:
Call Larry Bennett at 812-968-4735**

HCHF Golf Classic Entry Form

Friday, July 13, 2018

TEE TIMES: (shotgun start):

Please check one _____ 8:00 a.m. _____ 1:00 p.m.

Team Name: _____
(as you wish to be listed in the dinner program)

Contact Name: _____

Phone Number: _____

Email: _____

A Player _____ Handicap _____

B Player _____ Handicap _____

C Player _____ Handicap _____

D Player _____ Handicap _____

Your Total Donation

Premier Partner In Health (\$1000) \$ _____

Partner In Health (\$600) \$ _____

Additional Golf Classic Polo (\$30 ea.) \$ _____

Check Size S ___ M ___ L ___ XL ___ 1X ___ 2X ___

HCHF Golf Classic Contributor \$ _____

Hole Sponsorship (\$150) \$ _____

The sign should read as follows:

Mulligans # of _____ \$ _____

\$5 ea. - max. 2 per player = \$40/team

Grenades \$10 ea. \$ _____

One free toss of the golf ball on hole #6

Extra Dinner Tickets # of _____ \$ _____

(\$25 per person)

Total Enclosed \$ _____

**Call Sheryl at
812.738.8762
to pay by credit card**