

TOURNAMENT FEES

Early Bird Registrants \$125/player \$500/Team
by May 15, 2020

After May 15th Registrants \$140/Player \$560/ Team

TOURNAMENT FEES INCLUDE

Green Fees w/Cart
FREE breakfast for morning players
FREE lunch for all players
Plus Banquet Dinner

TOURNAMENT FORMAT

4-Person Scramble
Shot Gun Start: 8:00 am or 1:00pm

TOURNAMENT PRIZES

Hole-In-One
Closest To The Pin (Male & Female)
Closest To The Line
Many Group prizes

PROCEEDS TO HOSPITAL

Given our substantial and generous support base, we anticipate a full slate of golfers for this our 24th Annual Tournament. **Your prepaid registration prior to May 15th will guarantee you a spot.** Be sure to book early to guarantee your preference of morning or afternoon tee -off.



24th Annual Benefit Golf
Tournament for L&A Hospital
in support of the
Expansion of the
Chemotherapy Suite

LOCATION

Golf: Napanee Golf & Country Club
Banquet: **Napanee LIONS HALL
7:00pm **

SPONSORSHIP OPPORTUNITIES

All Sponsorship Packages include:

- Logo display on dinner table centerpiece.
- Opportunity to include (appropriate items) for give-a-ways or as prizes
- Name in post-tournament newspaper thank you
- Name of sponsor included in Electronic Donor Recognition system in hospital and Social Media

Tournament Sponsor \$5000

- Complimentary Team**
- Tee sign featuring name and signage at registration
- speaking opportunity at dinner
- onsite display opportunity

Albatross Sponsor \$2500

- Complimentary Team**
- Tee sign featuring name and signage at registration
- name announced at dinner
- onsite display opportunity

Eagle Sponsor \$1000

- Two Complimentary players**

Birdie Sponsor \$500

- One complimentary player**

Tee Sponsor \$150

- Tee sign featuring name

Green Sponsor \$100

- Green sign featuring name

Raffle Sponsorship Opportunity

- Monetary donations or gifts in-kind

L&A County General Hospital Foundation's

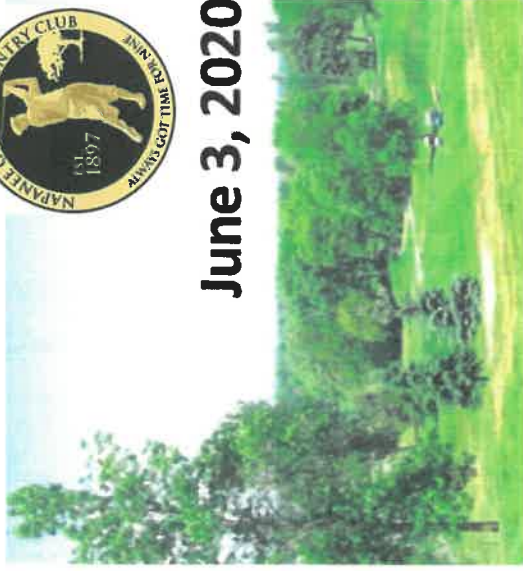
24th Annual Benefit

Golf Tournament

in support of the expansion of the
Chemotherapy Suite at L&A Hospital



June 3, 2020



Shotgun Start
8:00 AM or
1:00 PM
"4-Person
Scramble"

"Hole In One" & Raffle Prizes
"Tournament Prizes"

Free Breakfast for morning players
Free Lunch for all players
Plus Dinner Banquet

24th Annual Benefit Golf Tournament for L&A County General Hospital
Wednesday, June 3, 2020 at the Napanee Golf & Country Club



REGISTRATION

Early Bird Registration \$125 per player \$500/team (deadline May 15, 2020)
Late Registration \$140/player \$560/team (May 19 thru June 3, 2020)

FREE LUNCH FOR ALL PLAYERS

Tee Time Preferred: AM (8:00 a.m.) includes Breakfast at 7:00 a.m. in club house or PM (1:00 p.m.)

If you wish to register a foursome, please provide all names below: Circle who is Main contact

Player #1: _____ Tel or Email: _____

Player #2: _____ Tel or Email: _____

Player #3: _____ Tel or Email: _____

Player #4: _____ Tel or Email: _____

Golf (Single) & Dinner: # of Tickets ____ x \$125 = \$ _____ AFTER May 15th x \$140= _____

Golf (Foursome) & Dinner: # of Foursomes ____ x \$ 500 = \$ _____ AFTER May 15th x \$560= _____

Dinner only (reserve by May 25th): # of Tickets _____ x \$35 = \$ _____ at Napanee*LIONS HALL******

Unable to participate in this event or would like to make a contribution to the Foundation \$ _____

Dedicate a hole *In Memory of* (\$75): _____

All cash cards and certificates (money not services) donated for prizes are tax deductible.
 Specify gift cards donating and their \$ value: 1. _____
 2. _____

SPONSORSHIP OPPORTUNITIES:

<input type="checkbox"/> Tournament Sponsor \$5000 (1 free team)	<input type="checkbox"/> Albatross \$2500 (1 free team)	<input type="checkbox"/> Raffle Prize Donation	
<input type="checkbox"/> Eagle \$1000 (2 free players)	<input type="checkbox"/> Birdie \$500 (1 free player)	<input type="checkbox"/> Tee \$150	<input type="checkbox"/> Green \$100

Sponsorship Name for print (provide business card): _____

Method of Payment: My cheque for \$ _____ is enclosed.

Visa/ MasterCard #: _____ Exp date: _____ Security Code: _____

Amt. Authorized \$ _____ Signature: _____ Date: _____

Address: _____

Please make cheques payable to: **LACGH Foundation** and mark **Benefit Golf Tournament** on cheque.
 Cheques & donations can be dropped off at the Foundation Office or mailed to:
LACG Hospital Foundation, 8 Richmond Park Drive, Napanee, ON K7R 2Z4

THANK YOU FOR YOUR SUPPORT!

Any questions please contact the Foundation Office at 613-354-3301 ext. 400 foundation@lacgh.napanee.on.ca