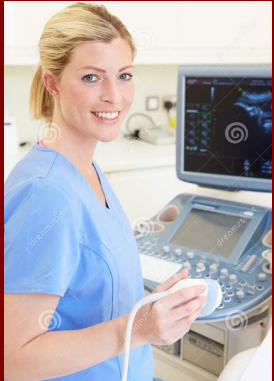


PROCEEDS

In keeping with our Vision of offering progressive health and wellness options at KCHS our goal is always to provide exceptional care. To-



day's healthcare organizations demand improved clinical information from Ultrasound exams that are easier to perform, have more consistency even on difficult patients and offer the flexibility to

grow with our changing needs. In the past 5 years KCHS has increased services from offering general ultrasound alone to now offering specialized exams such as Vascular and Echo and are even expanding into surgical and pain management areas. In order to keep up with growth and demand we are excited to provide patients with a Premium level of Ultrasound technology that complements our services and satisfies our patient needs. We are excited to see how these services have grown and where it will lead us to in the future.



You are invited to our 18th Annual
GOLF
Tournament
Friday, July 15, 2022

AGENDA

Friday, July 15, 2022

9 am : Registration

10:00 am : Shot Gun Start

Noon: Sack Lunch

Appetizer Buffet and
Awards following
end of game.



Axtell, Nebraska

Directions to Awarrii

From Kearney take 2nd Ave south 4.8 miles past Platte River. Turn west on S Road.

From Minden take Highway 6/34 West to Highway 44. Take 44 North 7.8 miles to S Road.

From I-80 Exit 272 interchange head south on highway 44 for 4.8 miles. Turn west (right) on S Road.

Thank You In Advance

Your donations will assist in the purchase of
Ultrasound Technology.
More information can be found on the back page.

Send Golfers Registration or Sponsorship to:

cjorgie@kchs.org or

Fax: 308.832.3415

Or Mail to:

KCHS

727 East First Street, Minden, NE 68959
c/o Connie Jorgensen

For More information call:

Connie Jorgensen: 308.832.3400 x 2203 or
Luke Poore: 308.832.3400 x 2800 lpoore@kchs.org

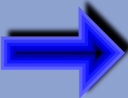
REGRETS

I am unable to participate in the
Golf Tournament or Sponsorship however,
I would like to make a contribution in the
amount of :

\$ _____

All donations are tax deductible under Section
501c(3) of the IRS Code.

Please make checks payable to:

KCHS or complete the credit card information
in the next column. 

Entry Fee:

\$400.00 Team or \$100.00 person

Registration:

Team Captain _____

Address _____

City _____

State _____ Zip _____

Cell# _____

Work # _____

Additional Golfers

2. _____

3. _____

4. _____

The Format of the Tournament is
a Four-Person Scramble. Players
who enter as an individual will be
placed with others to create a
whole team. Golf Carts provided.
Total for Golfers: \$ _____

Sponsorship Signup

Company/Individual Name: _____

Contact Person: _____

Address: _____

E-mail: _____

Cell Phone: _____

Work Phone: _____

Sponsorship Choice(s)

Appetizer Buffet Sponsor \$1,000

Lunch Sponsor \$500

Beverage Cart \$250

Hole in One Sponsor \$300

Hole Sponsor \$200

Closest-To-Pin Sponsor \$100

Total for Sponsorship \$ _____

CREDIT CARD INFORMATION

Name as it appears on Credit Card _____



Credit Card # _____

Exp. Date _____ CVC # _____

Signature _____

Total for Sponsorship \$ _____

Total for Golfers \$ _____

Total for Donation \$ _____

Total amount to be charged \$ _____



Circle One:

Visa

MasterCard

Discover

American Express