

Proceeds

The remodeling of the Minden Medical Clinic included a 43,000 square foot remodel of existing clinic and hospital space. The layout of the clinic space required complete rework of the mechanical, electrical and plumbing along with all new finishes. HVAC units are being replaced and a CT Room was added. With a 37% increase in clinic visits (2018-2019) and successful recruitment of new medical providers the KCHS Board of Trustees approved the project in March 2019. The clinic now has 13 exam rooms, 2 treatment rooms and 10 offices. The interior of the clinic was completed in January but with poor weather the exterior was delayed until the end of March. Total cost of the project was 2.4 Million. KCHS secured a loan for the remodeling project without an increase in property tax or bond.



Exam Room



Treatment Room



Waiting Room

KEARNEY COUNTY HEALTH SERVICES 17th ANNUAL GOLF TOURNAMENT THURSDAY, JUNE 10, 2021



GOLFING 'FORE' HEALTHCARE

Agenda

9 am Registration

10 am Shot Gun Start

12:00 Noon Sack Lunch

Appetizer Buffet & Awards Following End of game.
Minden Country Club- North Hwy 10-Minden, NE.



Thank You In Advance

Your donations will assist in the remodeling costs of the new Medical Clinic.
More information can be found on the back page.

Registration Details

Entry Fee: \$340.00 Team or \$85.00 person

Golf Team Registration or Sponsorship Form

may be dropped off at KCHS
or mailed, faxed, or emailed to
KCHS 727 East First Street
Minden, Ne. 68959
Fax: 308-832-3410
cjorgie@kchs.org
Forms are Due May 10, 2021

REGRETS

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

Please make checks payable to: KCHS or complete the credit card information in the next column.

All donations are tax deductible under Section 501 c(3) of the IRS Code. For more information call or email Luke Poore, CEO 308.832.3400 ext. 2800 or lpore@kchs.org or Connie Jorgensen 308.832.3400 ext. 2203 or cjorgie@kchs.org

Registration Form For Golf Teams

_____ Golfers \$85.00 x # of Golfers

Team Captain _____

Address _____

City _____

State _____ Zip _____

Cell# _____

Work # _____

Additional Golfers

2. _____

3. _____

4. _____

The Format of the Tournament is a Four-Person Team. Players who enter as an individual will be placed with others to create a whole team.

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

