



PROCEEDS

"Your donations will help fulfill the mission of Kearney County Health Services through the Kearney County Medical Fund, to provide exceptional, family-centered care while focusing on the health and well-being of the community"



Invites you to our 19th Annual

GOLF Tournament

Friday June 9 2023

**Minden County Club
North Hwy 10 Minden, NE.**

9:00 am Registration
10:00 am Shot Gun Start
12:00 noon Sack Lunch
Appetizer Buffet & Awards
Following End of Golf

Contact Details

Please complete the forms for Teams or Sponsorships. Forms can be mailed to:

KCHS 727 East First Street
Minden, NE. 68959

Fax #: 308-832-3417

Email: lpoore@kchs.org or
gblum@kchs.org

For more information call:

308.832.3400

Luke Poore, CEO ext 2800

Gavin Blum, CFO ext 2200

Thank You in Advance

Your donations will help fulfill the mission of Kearney County Health Services through the Kearney County Medical Fund to provide exceptional, family centered care while focusing on the health and well-being of the community. Hope to see you June 9th.

Registration Form For Golf Teams

_____ Golfers \$100 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 Scramble. Players who enter as an individual will be placed with others to create a whole team. Golf Carts included with registration. Total for Team \$ _____
Number of Golf Carts needed _____

Sponsorship Signup

(Circle your choice(s))

Company /Individual Name: _____

Contact Person: _____

Address: _____

E-mail: _____

Cell Phone: _____

Work Phone: _____

Sponsorship Choice(s)

Appetizer Buffet Sponsor \$1000

Lunch Sponsor \$500

Beverage Cart \$250

Hole in One Sponsor \$300

Hole Sponsor \$200

Closest -To-The Pin Sponsor \$100

Total for Sponsorship(s) \$ _____

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.

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

