

SUPPORT OUR WORK

All contributions are greatly appreciated and help us fulfill our mission!

Total for Golfer(s) \$ _____

Total for Sponsorship(s) \$ _____

Total Donation \$ _____

Total Contribution \$ _____

PAY BY MAIL

Make checks payable to
Kearney County Health Services

Mail to:

KCHS | 727 East 1st Street
Minden, NE 68959

PAY BY CREDIT CARD

Visa Mastercard Discover
 American Express

Name as it appears on card

Credit Card Number _____

Expiration Date _____ CVC# _____

Signature



HELP US BUILD AN ENDOWMENT FOR THE FUTURE

Learn more and support our work:



**KEARNEY COUNTY
HEALTH SERVICES**

727 East 1st Street | Minden, NE 68959
308.832.3400 | www.kchs.org

*Kearney County Health Services Fund is an
affiliated fund of Nebraska Community Foundation*

*Join us for a day of fun in support of
Kearney County Health Services!*



**KEARNEY COUNTY
HEALTH SERVICES**

22ND ANNUAL GOLF TOURNAMENT

**FRIDAY, JUNE 12, 2026
MINDEN COUNTRY CLUB**

SIGN UP



REGISTER AN INDIVIDUAL

Name _____

Address _____

Phone _____

Email _____

REGISTER A TEAM

Team Captain _____

Address _____

Phone _____

Email _____

Additional Team Members

2 _____

3 _____

4 _____

Number of Golf Carts Needed _____

Cost to enter: \$100 per golfer

LET'S PLAY!

Join us Friday, June 12 for a day of fun in support of Kearney County Health Services' mission to provide exceptional family-centered care while strengthening the health and well-being of our community

SCHEDULE FRI, JUNE 12

REGISTRATION 9:00AM

SHOTGUN START 10:00AM

LUNCH 12:00PM

TOURNAMENT FOLLOWED BY APPETIZER BUFFET AND AWARDS

The format of the tournament is a four-person scramble. Players who enter as individuals will be placed with others to create a whole team. Golf carts are included with registration.

Please complete the appropriate form and mail with check or payment information enclosed to:

*Kearney County Health Services
727 East 1st Street | Minden, NE 68959*

Questions?

Contact Luke Poore
lpoore@kchs.org | 308.832.3400, ext 2800

SEND REGRETS

I am unable to participate, however I would still like to support Kearney County Health Services in the amount of \$ _____

SPONSORSHIP OPPORTUNITIES



Company/Individual Name _____

Contact _____

Address _____

Phone _____

Email _____

Please mark your choice(s)

- Golf Ball Sponsor.....\$1,500
- Appetizer Buffet Sponsor.....\$1,000
- Lunch Sponsor.....\$750
- Beverage Cart Sponsor.....\$375
- Hole In One Sponsor.....\$450
- Hole Sponsor.....\$300
- Closest-to-the-Pin Sponsor.....\$200

Total for Sponsorship(s) \$ _____