

## SUPPORT OUR WORK

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

Total for Golfer(s) \$ \_\_\_\_\_

Total for Sponsorship(s) \$ \_\_\_\_\_

Total Donation \$ \_\_\_\_\_

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**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:



[www.nebcommfound.org/give/kearney-county-health-services-fund](http://www.nebcommfound.org/give/kearney-county-health-services-fund)



KEARNEY COUNTY  
HEALTH SERVICES

727 East 1st Street | Minden, NE 68959

308.832.3400 | [kchs.org](http://kchs.org)

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



KEARNEY COUNTY  
HEALTH SERVICES

## 21st Annual Golf Tournament

FRIDAY, JUNE 20, 2025

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



## Awarii Dunes

592 S Rd | Axtell, NE 68924



## LET'S PLAY



Join us Friday, June 20 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

Registration ..... 9:00 AM  
 Shot Gun Start ..... 10:00 AM  
 Lunch ..... 12:00 PM

*Tournament followed by appetizer buffet and awards*

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 are included with registration.

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

KCHS  
 727 East 1st Street | Minden, NE 68959

### QUESTIONS?

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

## SIGN UP

### REGISTER AN INDIVIDUAL

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Cost to enter: \$100**

### REGISTER A TEAM

Team Captain \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Additional Team Members

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**Cost to enter: \$100 per golfer**

Number of golf carts needed \_\_\_\_\_

### 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)**

NEW – Golf Ball Sponsor ..... \$1,500  
**Each team receives a dozen golf balls with your logo!**

Appetizer Buffett 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) \$ \_\_\_\_\_**