

Mercy Hospital Foundation

12th Annual

Pheasant Hunt

Thursday, October 8, 2020

Benefitting Mercy Hospital Foundation's Patient Emergency Fund



CHOOSE A MORNING OR AFTERNOON HUNT

14 morning hunts and 14 afternoon hunts

Casual meal with a pheasant fry and bar after every session (free beer and soft drinks)

Wild Wings built a new big pavilion and can accommodate social distancing inside and outside.

Morning hunt – 14 groups (teams of four)

8:30 am Welcome & instructions

9:00 am Hunting begins

11:30 am Hunting concludes

Afternoon hunt – 14 groups (teams of four)

1:00 pm Welcome & instructions

1:30 pm Hunting begins

4:00 pm Hunting concludes

All registrations include unlimited pheasants, bird cleaning, guide and dog and lunch. Sponsor packages offer additional perks.

Don't forget your four-legged friends. You may bring your own dog, but you will be required to provide three additional team members to fill a field.

This event will be held regardless of weather conditions. Registration fees are nonrefundable.

REGISTRATION

Please check the appropriate boxes and fill out payment information below.

Please submit by email or fax to Matt Brandt at matt@brandtmgmt.com | Fax: 651-503-2892

Please reply by September 28, 2020.

\$3,000 – Platinum Sponsor

Four hunting positions, recognition at the event, field sponsor sign, four boxes of steel shells and lunch.

\$2,000 – Gold Sponsor

Four hunting positions, recognition at the event, field sponsor sign, four boxes of steel shells and lunch.

\$1,500 – Team Sponsor

Four hunting positions, recognition at the event, four boxes of steel shells and lunch.

\$1,000 – Bird Sponsor *

\$750 – Food Sponsor *

\$500 – Shell Sponsor *

Field sign with you/your company's name.

\$500 – Beer Sponsor *

\$375 – Individual Hunter

Individual spots are offered on the basis of availability.

\$300 – Field Sponsor *

*Hunt Not Included

I/We prefer the following hunt time:

We will contact you to confirm your hunt time.

MORNING AFTERNOON NO PREFERENCE

Hunter #1 Name _____

Email _____

Hunter #2 Name _____

Email _____

Hunter #3 Name _____

Email _____

Hunter #4 Name _____

Email _____

Dog's name _____

Registration total \$ _____

I cannot attend but wish to make a gift of

\$1,000 \$500 \$250 \$100 Other _____

Bill me Visa MasterCard American Express

Credit card # _____

Expiration date _____

Signature _____

Date _____

Make checks payable to: **Mercy Hospital Foundation**

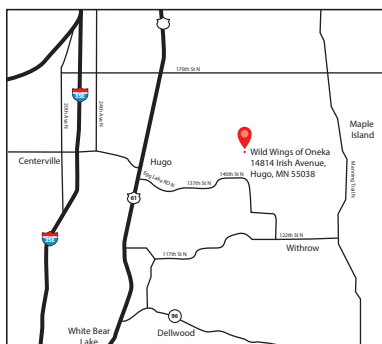
To reach the Foundation or to pay by credit card contact:

Lisa Gleason

Mercy Hospital Foundation

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