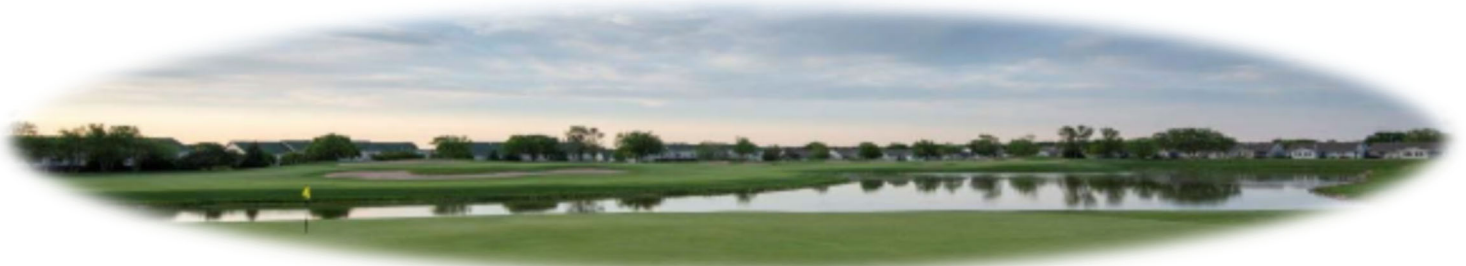


MERCY HOSPITAL FOUNDATION
2020 GOLF CLASSIC
MONDAY, JULY 13, 2020
EDINBURGH GOLF CLUB • BROOKLYN PARK



Join us for a safe, fun day of golf, supporting families facing cancer.
Your help is needed now more than ever.

Participation provides critical financial assistance to local cancer patients in need, especially during this unprecedented time.

GOLF REIMAGINED



The tournament has been reformatted to provide safe play and social distancing.

- Tee times assigned at 10 minute intervals from 8:00 am to 2:00 pm (no shotgun start).
- Socially distanced, outdoor event check-in.
- Games scored individually (no best ball).
- Sanitized riding cart provided with plexiglass safety shield between players.
- D'Amico boxed meal and snacks provided.
- Drink tickets can be redeemed on course.
- Formal program and meal gatherings suspended.
- Prizes awarded electronically after the event concludes.

Sponsorship Opportunities

- **Eagle Sponsor – \$10,000**
 - 8 Golfers
 - Hole sponsor sign & recognition
- **Birdie Sponsor - \$7,000**
 - 4 Golfers
 - Hole sponsor sign & recognition
- **Par Sponsor - \$3,000**
 - 4 Golfers
 - Hole sponsor sign & recognition
- **Bogie/Team Sponsor - \$2,000**
 - 4 Golfers
 - Hole sponsor sign & recognition
- **Individual Golfer - \$500**

Additional Sponsorship Opportunities

- **Driving Range Sponsor – \$2,500**
- **Boxed Meal Sponsor – \$2,000**
- **Practice Green Sponsor – \$1,750**
- **Cart Sponsor – \$1,500**
- **Beverage Cart Sponsor – \$750**
- **Hole Sponsor – \$300**

To participate contact MHF
E: lisa.gleason@allina.com
P: 763-236-3961



2020 Golf Classic Registration and Sponsorship Form



Monday, July 13, 2020
Edinburgh Golf Club

Tee times will be assigned at 10 minute intervals 8:00 am to 2:00 pm
(no shotgun start as in past years)

Sponsorship

Eagle – \$10,000
Birdie – \$7,000
Par - \$3,000
Bogie/Team - \$2,000
Individual – \$500

Site Sponsorship

Driving Range – \$2,500
Boxed Meal – \$2,000
Practice Green – \$1,750
Cart – \$1,500
Beverage Cart – \$750
Hole – \$300 _____

indicate name for sign

Donation – \$ _____

Sponsor Name _____

Company _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Payment Information

☐ Bill me
☐ Check enclosed *(payable to Mercy Hospital Foundation)*
☐ Credit Card
☐ Visa ☐ Am Ex ☐ Mastercard ☐ Discover

Credit Card # _____

Expiration Date _____

Signature _____

Date _____

Golfer Information

Team Captain _____

Email _____

Player 2 Name _____

Email _____

Player 3 Name _____

Email _____

Player 4 Name _____

Email _____

Tee times will be assigned at 10 minute intervals 8:00 am to 2:00 pm
Please select your tee time preference:

8:00 am - 10:00 am

10:00 am - 12:00 pm

12:00 pm - 2:00 pm

Please return registration details to: Mercy Hospital Foundation

lisa.gleason@allina.com

Questions: 763-236-3961