

Mercy Hospital Foundation

13th Annual

Pheasant Hunt

Thursday, October 7, 2021

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 to **Lisa Gleason** at lisa.gleason@allina.com

Please reply by September 27, 2021.

\$3,500 – Platinum Sponsor

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

\$2,500 – Gold Sponsor

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

\$1,750 – 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 *

\$400 – 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 _____ Zip Code _____

Signature _____

Date _____

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

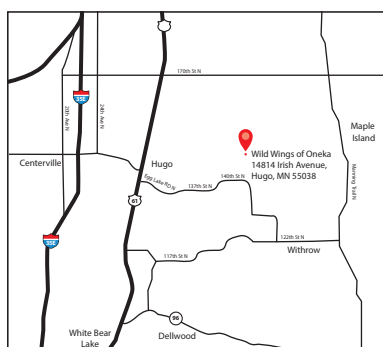
To reach the Foundation or to pay by credit card contact:

Lisa Gleason

Mercy Hospital Foundation

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Allina Health

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