

MERCY HOSPITAL FOUNDATION

2021 GOLF CLASSIC

MONDAY, JULY 12, 2021

NORTH OAKS GOLF CLUB



Come out on the course to support oncology care at Mercy

The need to support local cancer patients in financial need never diminishes.

DETAILS FOR THE DAY



- 🏌️ Simultaneous tee-off returns – noon
 - 🚩 10:00 am – Practice facilities open
 - 🚩 10:30 am – Registration begins
 - 🚩 11:00 am – Box lunch served on the patio
 - 🚩 12:00 pm – Tee-off.
- 🏌️ Best ball scramble tournament.
- 🏌️ Patio meal following play.

Sponsorship Opportunities

All sponsorships include hole sign & recognition

- 🚩 Ace – \$10,000
 - 🏌️ 8 Golfers
- 🚩 Eagle - \$8,000
 - 🏌️ 4 Golfers
- 🚩 Birdie - \$5,000
 - 🏌️ 4 Golfers
- 🚩 Par - \$3,000
 - 🏌️ 4 Golfers
- 🚩 Team - \$2,000
 - 🏌️ 4 Golfers
- 🚩 Individual - \$500

**Meals included for all golfers*

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 – \$800
- 🚩 Hole Sponsor – \$400

To participate contact Mercy Hospital Foundation

E: lisa.gleason@allina.com

P: 763-236-3961



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 2021 GOLF CLASSIC • MONDAY, JULY 12
 NORTH OAKS GOLF CLUB
REGISTRATION FORM

Simultaneous tee-off returns – noon

Sponsorship

All team sponsorships include hole sign and recognition

- Ace \$10,000
- Eagle \$8,000
- Birdie \$5,000
- Par \$3,000
- Team \$2,000
- Individual \$500

Site Sponsorship

- Driving Range \$2,500
- Boxed Meal \$2,000
- Practice Green \$1,750
- Golf Cart \$1,500
- Beverage Cart \$800
- Hole Sign \$400

Name for Sign _____

Donation \$ _____

Sponsor Information

Sponsor Name _____
 Company Name _____
 Address _____
 City _____
 State _____
 Zip Code _____
 Phone _____
 Email _____

Payment Information

- Bill me
- Check enclosed
(payable to Mercy Hospital Foundation)
- Credit Card
 - VISA AM EX MC Disc

Credit Card Number _____

Expiration Date: Month Year

Signature _____

Date _____

Golfer Information

Captain/Player # 1

#1 Email

Player #2

#2 Email

Player #3

#3 Email

Player #4

#4 Email

**Meals included for all golfers*



Please return registration details to:

Mercy Hospital Foundation
 7590 Lyric Lane NE
 Suite 213
 Fridley, MN 55432

Or email to: lisa.gleason@allina.com

Questions: 763-236-3961 or lisa.gleason@allina.com

