

PARTICIPATION OPPORTUNITIES

ALL GOLFERS RECEIVE:

Deluxe Gift Package • Lunch, including beverages and snacks on the course • Awards Presentation • Cocktails and hearty hors d'oeuvres in The Grille Room

TEAM REGISTRATION (\$1,500)

- 1 team entry
- Deluxe gift package for each participant

EAGLE SPONSOR (\$5,000)

- 2 team entries
- Recognition in printed materials and website
- Media Coverage
- 1 Tee Sign

BIRDIE SPONSOR (\$2,500)

- 1 team entry
- Recognition in printed materials and website
- Media Coverage
- 1 Tee Sign

PAR SPONSOR (\$1,000)

- Recognition in printed materials and website
- Media Coverage
- 1 Tee Sign

PRO SPONSOR (\$500)

- Media Recognition
- 1 Tee Sign



UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

2016 GOLF TOURNAMENT

SEPTEMBER 19, 2016



UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

2016 GOLF TOURNAMENT

MONDAY
SEPTEMBER 19, 2016

TALBOT COUNTRY CLUB

Single Shotgun Start at 11:30 a.m.

Please R.S.V.P. by August 31

Proceeds to benefit the
Invasive and Non-Invasive Ventilator Fund
for UM Shore Medical Center at Easton



UM Shore Regional Health and UM Memorial Hospital Foundation invite you to participate.

**MONDAY,
SEPTEMBER 19, 2016**

TALBOT COUNTRY CLUB
Single Shotgun Start at 11:30 a.m.

- LUNCH, SNACKS AND BEVERAGES SERVED ON COURSE
- AWARDS PRESENTATION
- OPEN BAR
- HORS D'OEUVRES AT THE CLUBHOUSE FOLLOWING PLAY

Limited to 32 teams.

Entry Fee: \$1,500 per team

Deluxe gift package for each participant

PLEASE R.S.V.P. BY AUGUST 31

*Proceeds to benefit the
Invasive and Non-Invasive Ventilator Fund
for UM Shore Medical Center at Easton*

YOUR PARTICIPATION IS INVITED

YES, I WANT TO PARTICIPATE

in the 2016 UM Shore Regional Health Golf Tournament to help purchase needed invasive and non-invasive ventilators for UM Shore Medical Center at Easton at the \$_____ Level.

I WISH TO PARTICIPATE AS A TEE SPONSOR \$150 with team entry \$200 (no team entry)

(PLEASE PRINT YOUR INFORMATION AS IT SHOULD APPEAR IN PRINTED MATERIALS)

COMPANY: _____ PHONE: _____

ADDRESS: _____

CONTACT NAME: _____ E-MAIL: _____

TEAM PLAYERS	Handicap	Jacket Size	TEAM PLAYERS	Handicap	Jacket Size
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NO, I CANNOT PARTICIPATE

in the 2016 UM Shore Regional Health Golf Tournament, but wish to contribute \$_____ to help purchase needed invasive and non-invasive ventilators for UM Shore Medical Center at Easton.

RETURN THIS FORM:

by Email **alowe@umm.edu**
or Mail **UM Memorial Hospital Foundation**
P. O. Box 1846
Easton, MD 21601

For more information,
please contact Amy Lowe
at 410.822.1000 x 5763
alowe@umm.edu

PAYMENT METHOD:

CHECK (payable to the UM Memorial Hospital Foundation)
 MASTERCARD VISA DISCOVER AMEX

Print Name as it appears on card _____

Card Number _____

Exp. Date _____ 3-Digit Security # _____

SIGNATURE DATE PHONE

REGISTER ONLINE:

www.ummhfoundation.org/upcoming-events

2016 UM Shore Regional Health Golf Tournament to help purchase needed invasive and non-invasive ventilators for UM Shore Medical Center at Easton