

PARTICIPATION OPPORTUNITIES

ALL GOLFERS RECEIVE:

Gift • 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
- Gift 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



2017 GOLF TOURNAMENT



UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SEPTEMBER 18, 2017



2017 GOLF TOURNAMENT

MONDAY
SEPTEMBER 18, 2017

TALBOT COUNTRY CLUB

Single Shotgun Start at 11:30 a.m.
Please R.S.V.P. by September 4

*Proceeds to benefit the Birthing Center
located at UM Shore Medical Center at Easton*



UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH



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

**MONDAY,
SEPTEMBER 18, 2017**

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
Gift for each participant

PLEASE R.S.V.P. BY SEPTEMBER 4

Proceeds to benefit the Birthing Center located at UM Shore Medical Center at Easton

YOUR PARTICIPATION IS INVITED

YES, I WANT TO PARTICIPATE

in the 2017 UM Shore Regional Health Golf Tournament to benefit the Birthing Center located at 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	TEAM PLAYERS	Handicap
_____	_____	_____	_____
_____	_____	_____	_____

NO, I CANNOT PARTICIPATE

in the 2017 UM Shore Regional Health Golf Tournament, but wish to contribute \$ _____ to benefit the Birthing Center located at 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

2017 UM Shore Regional Health Golf Tournament to benefit the Birthing Center located at UM Shore Medical Center at Easton

