

PARTICIPATION OPPORTUNITIES

ALL GOLFERS RECEIVE:

Gift • Lunch, including beverages and snacks on the course • Awards presentation • Cocktails and hearty hors d'oeuvres at the clubhouse

PRESENTING SPONSOR (\$10,000+)

- 2 team entries
- Gift for each participant
- Recognition in printed materials and website
- Media recognition
- Recognized Host at Awards Presentation
- 4 Tee Signs and a Course Banner

EAGLE SPONSOR (\$5,000)

- 2 team entries
- Recognition in printed materials and website
- Media recognition
- 3 Tee Signs

BIRDIE SPONSOR (\$2,500)

- 1 team entry
- Recognition in printed materials and website
- Media recognition
- 2 Tee Signs

PAR SPONSOR (\$1,000)

- 2 tickets to Awards presentation
- Recognition in printed materials and website
- Media recognition
- 1 Tee Sign

PRO SPONSOR (\$500)

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

TEAM REGISTRATION (\$1,500)



UM SHORE REGIONAL HEALTH GOLF TOURNAMENT



**Monday
August 28
2023**



UNIVERSITY of MARYLAND
MEMORIAL HOSPITAL
FOUNDATION
OF SHORE REGIONAL HEALTH

AUGUST 28, 2023



UNIVERSITY of MARYLAND
MEMORIAL HOSPITAL
FOUNDATION
OF SHORE REGIONAL HEALTH

2023 GOLF TOURNAMENT



**MONDAY
August 28, 2023**

TALBOT COUNTRY CLUB

Single Tee Start at 11:30 a.m.

Please RSVP by August 8

Proceeds to benefit

UM Shore Medical Center at Easton



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

MONDAY, AUGUST 28, 2023

TALBOT COUNTRY CLUB
Single Tee 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 RSVP by August 8

Proceeds to benefit
UM Shore Medical Center at Easton



YOUR PARTICIPATION IS REQUESTED

YES, I WANT TO PARTICIPATE in the 2023 UM Shore Regional Health Golf Tournament
to benefit 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: _____ EMAIL: _____

TEAM PLAYERS	Handicap	TEAM PLAYERS	Handicap
_____	_____	_____	_____
_____	_____	_____	_____

NO, I CANNOT PARTICIPATE in the 2023 UM Shore Regional Health Golf Tournament,
but wish to contribute \$_____ to benefit UM Shore Medical Center at Easton.

RETURN THIS FORM:

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

For more information,
please contact Stephanie Bryan
at 410-822-1000, ext. 5481, or
Stephanie.Bryan@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

