



GOLF Scramble

Monday,
October 14,
2024

Christmas Lake
Golf Course
Santa Claus, IN

GET READY TO TEE OFF OCTOBER 14 AT THE DON ETIENNE MEMORIAL GOLF SCRAMBLE

ALL Proceeds Benefit



Schedule of Events

Registration • 8:00 AM
Tee Off • 9:00 AM
Lunch • 1 PM | Awards • 2 PM

Location

Christmas Lake
Golf Course
Santa Claus, IN

EXCLUSIVE TITLE SPONSOR: \$5,000 (one available)

- Four-person team
- Two yards of string to be used on greens
- Four unlimited drink wristbands
- Exclusive title sponsor naming rights
- Logo signage at clubhouse and at every hole
- Title sponsor recognition on all promotions
- Promotional item in golfer swag bags

CART SPONSOR: \$2,000 (two available)

- Logo signage on all carts
- Four-person team
- One yard of string for use on greens
- Listed in program and on social media
- Tee sponsor sign on four holes
- Three drink tickets per person

PLATINUM SPONSOR: \$1,250

- Four-person team
- One yard of string for use on greens
- Listed in program and on social media
- Tee sponsor sign on four holes
- Two drink tickets per person

GOLD SPONSOR: \$750

- Four-person team
- Tee sponsor sign on two holes
- Listed in program

CONTEST SPONSOR: \$200

- Sponsor signs at contest holes
 - Closest to the Pin on Hole #13
 - Longest Drive on Hole #16

TEE SPONSOR: \$125

- Tee sponsor sign at a tee box

TEAM OF FOUR GOLFERS: \$400

INDIVIDUAL GOLFERS: \$100

ADD-ONS

(cannot be used on hole 13 or 16)

- Mulligans: 4 for \$20
(Limit 2pp/8 per team)
- Toss: 4 for \$20
(Limit 2pp/8 per team)

Register today at pchospital.org/about/the-perry-county-memorial-hospital-foundation-in/don-etienne-memorial-golf-scramble or complete the form on the back of this flyer by **September 27**



MONDAY, OCTOBER 14, 2024
Christmas Lake Golf Course
Santa Claus, Indiana



TEAM REGISTRATION

Please list company name below as you would like it printed in/on materials:

_____ (Please print)

Contact Name: _____

Address: _____

City/State/ZIP: _____

Phone#: _____ E-mail: _____

PLEASE REGISTER ME FOR THE FOLLOWING:

- Exclusive Title Sponsor — \$5,000
- Contest Sponsor — \$200
- Cart Sponsor — \$2,000
- Tee Sponsor — \$125
- Platinum Sponsor — \$1,250
- Team of Four Golfers — \$400
- Gold Sponsor — \$750
- Individual Golfer — \$100
- I am unable to participate but want to support Perry County Memorial Hospital.

My donation: \$_____ (Gifts of \$100 or more will be listed in the program.)

Name: _____ Email: _____ Phone: _____

ADD-ONS

Mulligans 4/\$20

Ball Toss 4/\$20

PAYMENT ENCLOSED

INVOICE ME

NAMES OF PLAYERS ON TEAM

Return this form to: PCMH, Attn: Casey Stutsman, 8885 State Road 237, Tell City, IN 47586