

Golfer Registration Form

Contact Name: _____ Phone: _____

Company Name (if applicable) _____ Email: _____

Street: _____ City: _____ St: _____ Zip: _____

Player Information

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Appropriate golf attire required.

Return completed form by August 1, 2020 to the Daviess Community Foundation at:

1314 E Walnut Street, Washington, IN 47501.

Your non-refundable sponsorship/registration is tax deductible to the extent allowed by law.

Gold Sponsor - \$2500

- Four tournament entries
- Signage with company logo on course
- Logo and web link on DCH website
- Logo on tournament promotional materials*
- Opportunity to provide sponsor gift in goody bags
- Social media postings leading up to the event
- Recognition during awards

Lunch Sponsor - \$1500

- Two tournament entries
- Signage with company logo at lunch
- Logo on promotional materials*
- Logo and web link on DCH website
- Opportunity to provide sponsor gift in goody bags
- Recognition during awards

Golf Cart Sponsor - \$1000

- Company logo on all golf carts
- Logo and web link on DCH website
- Opportunity to provide sponsor gift in goody bags
- Recognition during awards

Prize Sponsor-\$400

- Signage on prize table
- Recognition during awards

Tee Sponsor-\$200

- Signage at tee box
- Recognition during awards

**Sponsor logo must be provided to DCH prior to print deadlines.*



Since 1993, the Annual DCH Foundation Golf Benefit has been raising funds to support numerous projects including the Health Careers Scholarship Program, the Lohano Center for Advanced Medicine specialty services expansion, and many other patient-focused projects.

We look forward to spending the day with you and your team as we enjoy a lovely summer day of golf, networking, and raising money to fund the DCH Foundation.

Sponsorship Levels

Presenting Sponsorship - SOLD

- Eight tournament entries
- Signage with company logo at registration
- Signage with company logo on course
- Logo on tournament promotional materials
- Logo and web link on DCH website
- Additional company info/gift included in goody bags
- Premium sponsor gift for players with logo
- Social media postings leading up to the event
- Opportunity to partner with DCH on promotional media events
- Opportunity to speak at start of tournament
- Recognition during awards
- Listed on donor wall at Daviess Community Hospital
- Right of refusal for 2020 Tournament

Platinum Sponsor - \$3500

- Six tournament entries
- Signage with company logo on course
- Logo on tournament promotional materials*
- Logo and web link on DCH website
- Opportunity to provide sponsor gift in goody bags
- Social media postings leading up to the event
- Recognition during awards



812.254.8858



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www.dchosp.org



Country Oaks Golf Course
Montgomery, Indiana



27TH ANNUAL GOLF BENEFIT

August 13, 2020

*Country Oaks Golf Course
Montgomery, Indiana*

Presented by



Event Details

Thursday, August 13, 2020
Country Oaks Golf Club
5064 East US Hwy 50
Montgomery, IN 47558

11:00 am (EST)
Check-in
Lunch

11:50 am (EST)
Announcements

12:00 pm (EST)
Shotgun start

Awards Reception with hors d'oeuvres
immediately following play.

Our Mission:

The Daviess Community Hospital Foundation's mission is to enhance and complement the mission of Daviess Community Hospital, by providing a means for philanthropic support of the hospital and by strengthening relationships between the hospital and the people who live in our communities.

www.dchosp.org/foundation

27th Annual Daviess Community Hospital Foundation Golf Benefit

Yes! I would like to support the
DCH Foundation Golf Benefit as:

SOLD - \$5000 Presenting Sponsor

\$3500 Platinum Sponsor

\$2500 Gold Sponsor

\$1500 Lunch Sponsor

\$1000 Golf Cart Sponsor

\$400 Prize Sponsor

\$200 Tee Sponsor

\$125 Individual Golfer

EXTRA: \$50 Team Mulligans & Games

I/we cannot attend, but want to support the
Foundation: _____

Payment information:

_____ Check Enclosed

_____ Credit Card (circle): Visa Mastercard Discover

Exp. Date: ____ / ____ Sec. Code: ____ Zip Code: ____

Card No. _____

Signature: _____

(Make checks payable to DCH Foundation)