

11th Annual

Matejcek Memorial Golf Tournament

A CHI Health at Home Hospice Care Golf Benefit



Friday, June 27 | Bois de Sioux Golf Course, Wahpeton

11 a.m. Registration
12 p.m. Shot-gun Start
4 - 6 p.m. Light Meal Served Outdoors
5:30 p.m. Announcement of Tournament
Winners & Raffle Prize Drawings

- Proceeds from this golf tournament go directly to the Breckenridge Hospice Agency and will be used to help provide hospice care to people throughout the communities they serve.
- Your support for this event is critical to their mission to provide hospice care to all people that are in need, regardless of their ability to pay.

Golf Benefit Sponsor

 **Eagle Sponsor** **\$2,500**

Includes 4 free golfers and carts, recognition on banner & hole

 **Birdie Sponsor** **\$1,000**

Includes 3 free golfers, recognition on banner & hole

 **Fairway Sponsor** **\$600**

Includes 2 free golfers & recognition on hole

 **Bogey Sponsor** **\$300**

Includes 1 free golfer & recognition on hole

 **Hole Sponsor** **\$100**

Includes recognition on hole

Sponsor Name: _____

In-Kind Prize Gifts

Recognition during event

- ☐ I will donate gift certificates, merchandise, or services. Please contact me:

Name: _____

Phone: _____

- ☐ I will not be able to golf, but I would like to make a donation to CHI Health at Home – Hospice.

\$ _____

Your advance payment is appreciated.

Please complete form & mail with your check payable to:

CHI Health at Home

1110 Hwy 75 N, Suite A, Breckenridge, MN 56520

Please call 218.643.2275 or email Kailey.Worner@commonspirit.org for more information. For credit card payments, please call the office at 218.643.2275.

Golf Registration |

**Registration Deadline is June 18 • Costs are \$75/non-member & \$60/member
To attend only the light meal, the cost is \$12/person**

| Name | Address | Phone | Member (Y or N) |
|-----------------------|-----------|-------|-----------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| Contact Email Address | Team Name | | |

Sponsorship: \$ _____

Total Player Fee (\$75 non-member & 60 member): \$ _____

Light Meal Only (\$12/person)(not golfing but would like to attend the light meal): \$ _____

TOTAL: \$ _____