

Thursday,
November 19, 2020

Wyboo Golf Club

Four Man Captain's Choice



LOCATION

Wyboo Golf Club

2565 Players Course Drive
Manning, SC 29102

TOURNAMENT DETAILS

- Lunch
- 18 holes of golf with cart
- Longest drive & closest to the pin
- Mulligans for purchase
- Awards



SCHEDULE

11 – 11:45 AM	BBQ Lunch
11:45 AM	Shotgun Start
12 PM – 5 PM	Golf Tournament
5 PM	Awards

SPONSORSHIPS

See inside for sponsorship opportunities and details.

EVENT CONTACT INFO

PHONE (803) 473-8718
EMAIL scogdill@hope-health.org
WEBSITE hope-health.org



2020 HOPEHEALTH GOLF CLASSIC



OUR CAUSE

HopeHealth provides a health care home to more than 50,000 patients and, through our fundraising efforts, we are able to provide specialty care and support to many of those patients with complicated financial needs and health conditions.



2020 HOPEHEALTH GOLF CLASSIC & FUNDRAISER

Please join us for the HopeHealth Golf Classic. This one-day tournament is a Four Man Captain's Choice and is open to anyone who wants to participate.

THURSDAY, NOVEMBER 19, 2020
WYBOO GOLF CLUB

*All proceeds from this tournament
benefit the HopeHealth
Compassionate Care Fund*

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SPONSORSHIP OPPORTUNITIES

Premium Sponsors receive corporate logo on all printed material and local media coverage, recognition from podium during awards ceremony, teams included in tournament, area to display any printed or promotional material about your company/organization, and recognition on a selected hole.

- | | | |
|--------------------------|---|--------|
| <input type="checkbox"/> | PRESENTING SPONSOR
+ Co-sponsor of tournament
+ 4 Four-man teams in tournament
+ Premium Sponsor benefits | \$5000 |
| <input type="checkbox"/> | AWARD SPONSOR
+ Co-sponsor of tournament
+ 4 Four-man teams in tournament
+ Presenting benefits | \$5000 |
| <input type="checkbox"/> | SUPPORTING SPONSOR
+ 3 Four-man teams in tournament
+ Premium Sponsor benefits | \$2500 |
| <input type="checkbox"/> | PARTNER SPONSOR
+ 2 Four-man teams in tournament
+ Premium Sponsor benefits | \$1500 |
| <input type="checkbox"/> | AWARD RECEPTION SPONSOR
+ 1 Four-man team in tournament
+ Premium Sponsor benefits | \$1200 |
| <input type="checkbox"/> | GIFT BAG SPONSOR
Logo on gift bag | \$1200 |
| <input type="checkbox"/> | LUNCH SPONSOR
Logo in lunch tent | \$1000 |
| <input type="checkbox"/> | BEVERAGE CART SPONSOR
Logo on golf carts | \$500 |
| <input type="checkbox"/> | HOLE SPONSOR
Recognition on a selected hole | \$300 |
| <input type="checkbox"/> | INDIVIDUAL PLAYER FEE
The deadline to enter is Nov. 13 | \$75 |

TEAM INFORMATION

Player 1 Name _____
Address _____
Phone _____
Email _____
Handicap _____

Player 2 Name _____
Address _____
Phone _____
Email _____
Handicap _____

Player 3 Name _____
Address _____
Phone _____
Email _____
Handicap _____

Player 4 Name _____
Address _____
Phone _____
Email _____
Handicap _____

Lunch will be served just before tee time.



PAYMENT INFORMATION

PAYMENT

My payment of _____ is enclosed

- ☐ Check ☐ Cash
☐ Credit Card (Please fill in the below information)

Name of Card _____
Card Number _____
Expiration Date _____ **CVV #** _____
Billing Address _____
State _____ **Zip** _____

Deadline to enter: November 13, 2020

Make checks payable to HopeHealth, Inc., and mail them to:

HopeHealth Community Relations
Attn: Scherrie Cogdill
360 North Irby Street, Florence, SC 29501

FOR SPONSORS

Print the following on our sponsor sign:

Or, email your company logo to scogdill@hope-health.org