

Thursday,  
**November 17, 2022**

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

<b>11 - 11:45 AM</b>	BBQ Lunch
<b>11:45 AM</b>	Shotgun Start
<b>12 PM - 5 PM</b>	Golf Tournament
<b>5 PM</b>	Awards

#### SPONSORSHIPS

See inside for sponsorship opportunities and details.

#### EVENT CONTACT INFO

PHONE (803) 473-8718  
EMAIL [scogdill@hope-health.org](mailto:scogdill@hope-health.org)  
WEBSITE [hope-health.org](http://hope-health.org)



# 2022

# 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.



## 2022 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 17, 2022**  
**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"/> | <b>PRESENTING SPONSOR</b><br>+ Co-sponsor of tournament<br>+ 4 Four-man teams in tournament<br>+ Premium Sponsor benefits | \$5000 |
| <input type="checkbox"/> | <b>AWARD SPONSOR</b><br>+ Co-sponsor of tournament<br>+ 4 Four-man teams in tournament<br>+ Presenting benefits           | \$5000 |
| <input type="checkbox"/> | <b>SUPPORTING SPONSOR</b><br>+ 3 Four-man teams in tournament<br>+ Premium Sponsor benefits                               | \$2500 |
| <input type="checkbox"/> | <b>PARTNER SPONSOR</b><br>+ 2 Four-man teams in tournament<br>+ Premium Sponsor benefits                                  | \$1500 |
| <input type="checkbox"/> | <b>AWARD RECEPTION SPONSOR</b><br>+ 1 Four-man team in tournament<br>+ Premium Sponsor benefits                           | \$1200 |
| <input type="checkbox"/> | <b>GIFT BAG SPONSOR</b><br>+ 1 Four-man team in tournament<br>Logo on gift bag  | \$1200 |
| <input type="checkbox"/> | <b>LUNCH SPONSOR</b><br>Logo in lunch tent  | \$1000 |
| <input type="checkbox"/> | <b>BEVERAGE CART SPONSOR</b><br>Logo on golf carts  | \$500  |
| <input type="checkbox"/> | <b>HOLE SPONSOR</b><br>Recognition on a selected hole   | \$300  |
| <input type="checkbox"/> | <b>INDIVIDUAL PLAYER FEE</b><br>The deadline to enter is Nov. 11  | \$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 on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

Billing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Deadline to enter: November 11, 2022**

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](mailto:scogdill@hope-health.org)