

EVENT DETAILS

- \$110 per player/\$440 per team
- 1st flight at 8am
- 2nd flight at 1pm
- 4-person team scramble
- Food & beverage included
- Raffles and performance prizes after play

ENTRY FEE INCLUDES

- Cart and Greens Fees
- Grab & Go Breakfast, Lunch, Dinner and Refreshments
- Photo with trophy taken with each team

CONTESTS

- \$30,000 Hole in One
- \$5,000 putting contest
- Straightest drive
- Closest to the pin
- Longest drive men and women
- and more!



SPONSORSHIP LEVELS

HOLE SPONSOR: \$100

- Hole sponsor sign

MEAL SPONSOR: \$250

- Hole sponsor sign
- Name prominently displayed at meals

EVENT SPONSOR: \$500

- Two hole sponsor signs
- Name prominently displayed at event

TROPHY SPONSOR: \$1,000

- Entry fee for 4 players, if available
- Hole sign featured in winning team trophy photo
- Two hole sponsor signs
- Name prominently displayed at event

***All sponsor levels are eligible for a tax deduction**

**REGISTER ONLINE AT:
ERHFOUNDATIONGOLF2024.EVENTBRITE.COM**



**PLEASE REMIT PAYMENT TO HOLD YOUR SPOT.
TEAMS WILL BE ENTERED IN THE ORDER IN WHICH THEY PAY.**

**ALL PROCEEDS TO BENEFIT THE ELLENVILLE REGIONAL HOSPITAL FOUNDATION.
WE APPRECIATE YOUR SUPPORT!**



REGISTRATION

Team/Company Sponsor: _____
Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

Email: _____

- DINNER ONLY: \$30
- HOLE SPONSOR: \$100
- MEAL SPONSOR: \$250
- EVENT SPONSOR: \$500
- TROPHY SPONSOR: \$1,000

TEAM (\$440 TEAM; \$110/INDIVIDUAL)

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Preferred flight time: 8am 1pm
Please be sure to confirm your tee time before the event

PAYMENT

Card #: _____

Name on card: _____

Card Type: _____ Exp. Date: _____ CVC: _____

Signature: _____

Please make checks payable to
“Ellenville Regional Hospital Foundation” and remit
with this form to:

**ELLENVILLE REGIONAL HOSPITAL FOUNDATION
ATTN: DEBBIE BRIGGS, EXECUTIVE DIRECTOR
10 HEALTHY WAY, ELLENVILLE, NY 12428**