Frederick Health Hospice 2025 Golf Classic

Thursday, September 25th Maryland National Golf Club • 8836 Hollow Rd, Middletown





Foursome: \$1,200

Priority given to foursomes who include a sponsorship

Sponsorship Opportunities	PLATINUM \$10,000	DIAMOND \$7,500	GOLD \$5,000	SILVER \$2,500	BRONZE \$1,000	PATRON \$500
Group Tournament Play	2 Foursomes	1 Foursome	1 Foursome			
Signage at registration and on course	2 Holes	2 Holes	1 Hole	1 Hole	Putting Green	
Super Ticket Includes Mulligans, Putting Contest, Raffle Ticket	*	*				
Premier placement of company banner Sponsor provided	*	*				
Reserved table for dinner	*	*	*			
Banner ad on GPS screen in each golf cart	*	*	*			
Social media logo/callout/company tag	*	*	*			
Recognition on Frederick Health Employee Intranet	*	*	*	*	*	*
Recognition at event, in Hospice donor report, on website, and in social media	*	*	*	*	*	*

Golfer's registration includes:

- 18 holes of golf with cart
- Complimentary gift
- Contests/prizes
- Raffle/mulligans
- Full breakfast with Bloody Mary, crushes, and mimosa bar
- Lunch on the course
- Steak and crab cake dinner
- Cash awards (ceremony)

Tournament Itinerary

7:30 A.M. Registration

Breakfast

Driving range and putting green open

9 A.M. Shotgun start - Captain's Choice Putting contest qualifying throughout

the day

11:30 A.M. Lunch served on course

3 P.M. Happy Hour and hors d'oeuvres

Putting contest finals

4 P.M. Steak and crab cake dinner

Awards ceremony

Prizes and raffle drawing

100% of proceeds from this event support patient care, Kline Hospice House, Bereavement Support/Kids' & Teens' Grief Camp, Music Therapy, and Veterans' Program.

Sponsorships and registrations will be accepted by phone, mail, or online at frederickhealthhospice.org/GolfClassic until September 1, 2024. Register early to ensure your spot in the tournament!

Questions? Call 240-566-3036 or email acasterlin@frederick.health.



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Please complete this form and mail to Frederick Health Hospice, 1 Frederick Health Way, Frederick, MD 21701.

Registration Form

GOLFER'S NAME

NAME COMPANY NAME (IF APPLICABLE) **ADDRESS PHONE EMAIL** Scan here to Level of sponsorship \$_____ register and process your Foursome: sponsorship. Total amount due: **METHOD OF PAYMENT** Please select one: ☐ Check Please make payable to: Frederick Health Hospice CREDIT CARD # **EXPIRATION DATE/SECURITY CODE** \square Visa \square MasterCard \square AmEx \square Discover **CARDHOLDER SIGNATURE TEAM INFORMATION** Please list participant names below: GOLFER'S NAME GOLFER'S NAME

GOLFER'S NAME

Frederick Health Hospice is a 501(c)(3) organization. Sponsorships are tax-deductible to the fullest extent of the law.

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