

2023 Golf Classic

Thursday, September 21, 2023

Maryland National Golf Club • 8836 Hollow Rd, Middletown, MD 21769



Foursome: \$1,500

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	Bar Only	
Super Ticket <i>Includes Mulligans, Putting Contest Entries</i>	★	★				
Premier placement of company banner <i>Sponsor provided</i>	★	★				
Exclusive signage on two beverage carts		★				
Banner ad on GPS screen in each golf cart	★	★	★			
Social media logo/callout/company tag	★	★	★			
Recognition on Frederick Health Employee Intranet	★	★	★	★		
Recognition in Hospice donor report, website, and social media (Frederick Health, Frederick Health Hospice)	★	★	★	★	★	★

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)

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

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 crabcake dinner
Awards ceremony
Prizes and raffle drawing

Reservations and sponsorships will be accepted by phone, mail, or online at frederickhealthhospice.org/GolfClassic until September 1, 2023. Space is limited to 144 players—register early to ensure your spot in the tournament!

For more information, call 240-566-3036 or email acasterlin@frederick.health.



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Registration Form

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

NAME _____ COMPANY NAME (IF APPLICABLE) _____

ADDRESS _____

PHONE _____ EMAIL _____

Level of sponsorship \$ _____

Foursome: \$ _____

Total amount due: \$ _____

METHOD OF PAYMENT Please select one:

Check (*please make payable to Frederick Health Hospice*)

Visa MasterCard AmEx Discover

CREDIT CARD # _____ EXPIRATION DATE/SECURITY CODE _____

CARDHOLDER SIGNATURE

TEAM INFORMATION Please list participant names below:

GOLFER'S NAME

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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