Frederick Health Hospice 2024 Golf Classic

Thursday, September 26thMaryland National Golf Club • 8836 Hollow Rd, Middletown





SOLD OUT!

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 Includes Mulligans, Putting Contest, Raffle Ticket	t *	*				
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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Registration Form

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

NAME		COMPANY N	AME (IF APPLICABL	_E)					
ADDRESS									
PHONE		EMAIL		c	can here to	同数数数间			
Level of sponsorship	\$				egister and				
Foursome:	\$				rocess your ponsorship.				
Total amount due:	\$					ESSIGNATION			
METHOD OF PAYM	ENT Please select one:								
☐ Check Please make	e payable to: Frederick Healt	h Hospice							
☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover		•	CREDIT CARD #		EXPIRATION DATE/SECURITY CODE				
			CARDHOLDER SIC	DHOLDER SIGNATURE					
TEAM INFORMATION	ON Please list participant	names below:							
GOLFER'S NAME			GOLFER'S	NAME					
GOLFER'S NAME			GOLFER'S	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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