

TEAM & HOLE SPONSOR PACKAGES

HCHF Premier Partner in Health Team Sponsor - \$1,000.00

Golf for Four includes green fees, carts, lunch, refreshments, 8 dinner tickets, HCH Foundation Golf Classic polo shirt for each player and name recognition on HCHF Golf Classic advertising & dinner program and on the HCHF Wall of Recognition at Harrison County Hospital.

HCHF Partner in Health Team Sponsor - \$600.00

Golf for Four includes green fees, carts, lunch, refreshments, 4 dinner tickets and name recognition on HCHF Golf Classic advertising & dinner program and on the HCHF Wall of Recognition at Harrison County Hospital.

Hole Sponsor - \$150.00

Name displayed at one of the tournament holes on the day of the HCHF Golf Classic and name recognition on the HCHF Golf Classic advertising & dinner program.

The sign should read as follows:

HCHF Golf Classic Contributor

\$ _____

Those who wish to contribute but are unable to participate in the HCHF Golf Classic may send a donation to:

Sheryl Voelker
HCH Foundation
1141 Hospital Drive NW
Corydon, IN 47112

July 12, 2024



- **Hole-In-One Contest**
Sponsored by



- Longest Drive Contest
- Closest-to-the-Hole Contest
- Longest Putt Contest
- Top 5 Teams Awarded Prizes
- Raffles
- Lunch and Refreshments
- Dinner

Sponsored by



- **Door Prizes**

**2024 HCHF Golf Classic is
honoring
Pamela Bennett Martin**



Brochure compliments of

Edward Jones

Jarrod Bulleit, Ethan Haverty,
Marie Haverty, Matt Rothrock,
Andy Thomas, Evan Lasley, and
Bill Thomas

**Harrison County
Hospital Foundation**

40th Annual Larry Bennett Memorial Golf Classic

July 12, 2024



**Honoring
Pamela
Bennett Martin**

OLD CAPITAL GOLF CLUB
Corydon, Indiana

HCH Foundation Larry Bennett Memorial Golf Classic

HCHF Welcomes You

The Harrison County Hospital Foundation, Inc. sponsors its 40th Annual Golf Classic and Dinner on Friday, July 12, 2024. The sole mission of the HCH Foundation is to enhance the Hospital's ability to serve the people of our community. Gifts to the HCH Foundation support timely investments in lifesaving, educational and diagnostic equipment, as well as the community wellness and education programs, scholarships, and other services related to the mission of the Hospital.

The Tournament

The HCHF Golf Classic is an 18-hole scramble with a shot-gun start. Please submit entry as soon as possible to ensure play. A, B, C and D player as determined by average score:

- A – Average score is 75 and below
- B – Average score is 76-85
- C – Average score is 86-95
- D – Average score is 96 and above

Teams may be modified in the following manner.

1. No team may have more than one A player and one B player.
2. No team may have more than two B players and no A player.
3. Each team must have at least one B player.

NOTE: Note: Women will be allowed to use the ladies' tees. Seniors (60+) will be allowed to use the Senior tees.

Schedule of Events

All times are EDT

Tee Times: 8:00 a.m. and 1:00 p.m.

11:00 a.m. — 1:00 p.m.

Sandwiches and drinks available

Approx. 6:00 p.m.

*Dinner at the Old Capital Golf Club
Awards Presentation following dinner
***No Carry-In Alcohol*

Gifts, Prizes & Raffles

For your golfing pleasure, all players receive tees, refreshments, and the chance to win many raffles, and awarded prizes. The members of the top 5 teams will receive prizes.

Other contests include Longest Drive, Longest Putt, and Closest-to-the-Hole. Winner of the Hole-In-One Contest (designated hole) receives a new car, compliments of John Jones Auto Group.

Each team is responsible for assembling team players and for filling out the Golf Classic Entry Form.

**PLEASE MAKE CHECKS PAYABLE TO:
HARRISON COUNTY
HOSPITAL FOUNDATION**

Detach and return this form with entry fee to:

**Sheryl Voelker
HCH Foundation
1141 Hospital Drive NW
Corydon, IN 47112**

**Questions:
Call Sheryl Voelker at 812.738.8762
svoelker@hcin.org**

HCHF Golf Classic Entry Form

Friday, July 12, 2024

TEE TIMES: (shotgun start):

Please check one ____ 8:00 a.m. ____ 1:00 p.m.

Team Name: _____
(as you wish to be listed in the dinner program)

Contact Name: _____

Phone Number: _____

Email: _____

A Player _____ Avg Score ____

B Player _____ Avg Score ____

C Player _____ Avg Score ____

D Player _____ Avg Score ____

Your Total Donation

Premier Partner In Health (\$1000) \$ _____

Partner In Health (\$600) \$ _____

Additional Golf Classic Polo (\$30 ea.) \$ _____

*Sizes needed by June 30 to guarantee shirt.
Shirts are unisex.

Check Size S ____ M ____ L ____ XL ____ 2X ____

HCHF Golf Classic Contributor \$ _____

Hole Sponsorship (\$150) \$ _____

The sign should read as follows:

Mulligans # of _____ \$ _____

\$5 ea. - max. 2 per player = \$40/team

Extra Dinner Tickets # of \$ _____

(\$25 per person)

Total Enclosed \$ _____

To pay by credit card contact Sheryl Voelker.