

THANK YOU!!

We appreciate the support we have received from businesses and individuals to make the "Swing Fore Your Health" Cheyenne County Hospital benefit golf tournament a success.

Name or Business Name:

SPONSORSHIP OPPORTUNITIES

_____ ***BRONZE SPONSOR:*** \$100

_____ ***SILVER SPONSOR:*** \$250

_____ ***GOLD SPONSOR:*** \$500
Includes advertisement and team entry.

_____ ***PLATINUM SPONSOR:***
\$750
Includes advertisement, team entry and Business logo/name on Tournament ball cap.

If you wish to give, please complete the commitment form and return to Cheyenne County Hospital, PO Box 547, St. Francis, KS 67756.

**Make checks to:
Cheyenne County Hospital**



"Swing Fore Your Health"



**Friday
July 20, 2018**

**Registration begins at
9 AM CST
10 AM Tee-off**

**Riverside Recreation
St. Francis, KS**

Cheyenne County Hospital

P.O. Box 547
St. Francis, KS 67756-0547

“Swing Fore Your Health”

TIME:

Friday, July 20, 2018

9 am CST—Registration

10 am CST - Tee-off

Riverside Recreation in St. Francis, KS

FEE: \$300 per team, includes breakfast, lunch and snacks after tournament.

Feel free to have dinner after the tournament at Caddy Shack.

FORMAT: 4-person scramble

TEAM PRIZES : Prizes will be awarded to the Flight Winners.

SPECIAL EVENT PRIZES:

Holes #2 and #7

- ◆ Chance to win new set of irons or
- ◆ Chance to win \$500 Visa gift card

Hole #4-

Chance to win 8 day trip to Hawaii for 2 includes airfare and hotel accommodations on Oahu.

Plus other prizes and door prizes

KIDS DIVISION: (18 and under)

\$100 per team

PRIZES FOR Kids Division

2018 Proceeds for Physical Therapy Exercise Equipment

The reclining seat, rotating hand grips and Flex-Foot System makes the T5 XR Nu-step one of the most accessible, effective and adaptive cross trainers on the market. Its total-body design and wide range of resistance allows for a low-impact, full-body cardio and strength workout.



“Swing Fore Your Health” Registration Form

Player 1: _____
Address _____
City _____ St _____ Zip _____
Phone _____

Player 2: _____
Address _____
City _____ St _____ Zip _____
Phone _____

Player 3: _____
Address _____
City _____ St _____ Zip _____
Phone _____

Player 4: _____
Address _____
City _____ St _____ Zip _____
Phone _____

Golf Cart Needed?

Yes No

Mulligans (\$5/each) Unlimited

Yes # _____ No

Please send registration form to:

Cheyenne County Hospital
P.O. Box 547
St. Francis, KS 67756-0547
(785) 332-2104

Make checks to: Cheyenne County Hospital