

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 15, 2022



- **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
- Golf Balls and Tees
- Dinner
- Door Prizes

**2022 HCHF Golf Classic
is dedicated in memory of
Charles Czeschin**



Brochure compliments of



**Bill Thomas, Jeremy Kirkham,
Andy Thomas, Matt Rothrock,
Jarrod Bulleit and Marie Rothrock**

Harrison County Hospital Foundation

38th Annual

Larry Bennett Memorial Golf Classic

July 15, 2022



Dedicated in Memory of Charles Czeschin



OLD CAPITAL GOLF CLUB Corydon, Indiana

HCH Foundation Larry Bennett Memorial Golf Classic

HCHF Welcomes You

The Harrison County Hospital Foundation, Inc. sponsors its 38th Annual Golf Classic and Dinner on Friday, July 15, 2022. 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 Golf Classic is an 18-hole scramble with a shot-gun start. Please submit entry as soon as possible to ensure play. Each team playing one A, B, C, and D player as determined by handicap:

A=0-9 B=10-15 C=16-20 D=21+

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
4. No team may have a total handicap of less than 50.

NOTE: Women will be allowed to use the ladies' tees. Seniors (60+) will be allowed to use the Senior tees. (This should add a bit of strategy as you put your team together.)

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 golf balls, 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

HCHF Golf Classic Entry Form

Friday, July 15, 2022

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 _____ Handicap _____

B Player _____ Handicap _____

C Player _____ Handicap _____

D Player _____ Handicap _____

Your Total Donation

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

Partner In Health (\$600) \$ _____

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

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.