



Four Counties Health Services Foundation
25th Annual Golf Tournament

Wardsville Golf & County Club

Friday, July 12, 2019

\$85.00 per person

\$65.00 Wardsville Members

Hole In One Opportunities / Silent & Live Auction

Sports Stars / Celebrities in Attendance

Check www.fchsfoundation.ca & Facebook for updates

Please Register with Payment by July 5, 2019

Payment includes:

18 holes of Golf, Cart & Dinner
(Charitable Receipt)

3 Divisions of Competition

Mens o Ladies o Mixed

Registration @11:00 to 11:30

Shotgun start at 12:00 noon

Registration form available at:

www.fchsfoundation.ca

For information call the Foundation office at

519-693-4441 ext 2438 (Martha) or

Email: Martha.wortner@mha.tvh.ca



Golf Registration Form

Friday, July 12, 2019 @ Wardsville Golf Club

Registration : 11:00 am Shotgun start: Noon

Register with Payment by **July 5, 2019**: \$85.00

Wardsville Golf Club Members: \$65.00

Registration includes: 18 holes of golf, cart and dinner

Ways to Register

<p>Online at: www.wardsvillegolfclub.ca</p> <p>⇒ Tournaments ⇒ Upcoming Events ⇒ Four Counties Health Services Foundation</p>	<p>Return Registration with payment to: FCHS Foundation 1824 Concession Drive Newbury, ON N0L 1Z0</p>	<p>Email Registration with credit card payment to: martha.wortner@mha.tvh.ca</p>
---	--	---

Please note that there will be no refunds after this date

Method of Payment (please select)

Cash Visa MasterCard Cheque (payable to FCHS Foundation)

Credit Card # _____ Expiry date: ____ / ____ CVN# _____
Name on Card _____ Signature: _____

Golfer #1 _____ Check if Wardsville member
Address: _____ Paid by: _____
City: _____ Postal code: _____

Golfer #2 _____ Check if Wardsville member
Address: _____ Paid by: _____
City: _____ Postal code: _____

Golfer #3 _____ Check if Wardsville member
Address: _____ Paid by: _____
City: _____ Postal code: _____

Golfer #4 _____ Check if Wardsville member
Address: _____ Paid by: _____
City: _____ Postal code: _____

Charitable Receipt to be made out to each participant or business

Business name: _____
Address: _____

Select Division of Competition: Mens Ladies Mixed

For further information, please call FCHS Foundation office @ 519-693-4441 ext 2438 or email Martha.wortner@mha.tvh.ca



FCHS Foundation Golf Tournament 25th Annual Auction Item(s) Donation Form

Name: _____

Contact Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Item(s) Donated:

(1) _____

(2) _____

(3) _____

(4) _____

***** Please advise if you have a preference for your donation to be used in the**

Live auction _____ or Silent Auction _____

Requesting all auction items to be available by Fri. June 28, 2019.

I will deliver my auction item(s) to FCHSF _____

Help! I need the Foundation to pick up my auction item(s) _____

Please feel free to include your business cards with your auction donation for your business promotion. Thank you in advance for donating to the **25th Annual FCHSF Golf Tournament**, your generosity is greatly appreciated!

519-693-4441 x 2438
martha.wortner@mha.tvh.ca



Golf Tournament

Sponsorship Opportunities

Please consider sponsoring the Four Counties Health Services Foundation **25th Annual Golf Tournament**. With our sponsorship packages you can remain anonymous or take advantage of the opportunity for you or your company to gain recognition and exposure as one of our outstanding members and supporters within our community. Sponsorship packages are available for all budgets and sponsorship levels. We are happy to work with you to tailor a sponsorship package that meets your specific needs.

Donor Recognition	Platinum \$1000 & over	Gold \$500 & over	Silver \$250 & over	Bronze \$100 & over
Clubhouse signage	✓	✓	✓	✓
Social Media	✓	✓	✓	✓
Hole sponsor signage	✓	✓	✓	
Newsletter	✓	✓		
FCHS hospital wide	✓			

Organization: _____

Contact: _____

Address: _____ City _____ Postal code _____

Phone: _____ Email: _____

Please have sponsorship details submitted by **June 28, 2019**
 Thank you for supporting the Four Counties Health Services Foundation
 2019 Spring/Summer Patient Medical Equipment Appeal
 519-693-4441 x 2438
martha.wortner@mha.tvh.ca

Please send your sponsorship payable to:

FCHS Foundation
1824 Concession Drive
Newbury, ON N0L 1M0