MEMORIAL HOSPITAL OF BEDFORD COUNTY FOUNDATION 35TH ANNUAL CHILI OPEN GOLF TOURNAMENT



| Tournament Sponsor \$2000 Includes: Prominent Banner Display & complimentary 3 member team entry | | Snack & Beverage Cart Sponsor \$1 Includes: Roving Sponsorship Sign displayed | k & Beverage Cart Sponsor \$1000 les: Roving Sponsorship Sign displayed on snack & beverage cart | | |
|--|---------|---|---|--|--|
| Dinner Sponsor \$1000 Includes: Prominent Banner Display at pavilion | | Brunch Sponsor \$750 Includes: Prominent Banner Display at pavilion | | Hole Sponsor \$200 Minimum ncludes: Sponsorship Sign Display at designated hole on golf course | |
| Team Registration \$300 | | Additional contribution to MHBC F | tional contribution to MHBC Foundation \$ | | |
| PLEAS | SE CON | MPLETE TEAM INFORMATION BELOY | W | | |
| Please identify below the name | e to u | se for public recognition. Thank | you | for your contribution. | |
| Company Name | | | | MAKE CHECKS PAYABLE TO: MHBC FOUNDATION | |
| Contact Person | | | | UPMC Bedford —— Attn: Sandy Boyd | |
| Address | | | | 10455 Lincoln Highway | |
| Email | | | | Everett, PA 15537 *Credit Cards Accepted | |
| | TEA | M INFORMATION | | | |
| | | 3 Man Scramble | | | |
| 1. Team Captain | | 2. Second Player | | | |
| Address | | Address | | | |
| City/State/Zip | | City/State/Zip | | | |
| Phone | | Phone | | | |
| Handicap | | Handicap | | | |
| 3. Th | ird Pla | yer | | | |
| | Addr | ess | | | |
| City/ | 'State/ | | | | |
| | Pho | one | | | |
| | Handi | cap | | | |

Minimum Team Handicap: 30

Registration Limited to 36 teams. Registration complete upon receipt of payment.

CHILI OPEN FEES: \$300 per team (Green fee, Cart, Brunch, Snacks, Dinner, Beverages, Prizes included)

DEADLINE DATE FOR TEAM REGISTRATION: FRIDAY, MAY 20, 2022