

Four Person Scramble Schedule

- 8 a.m.** Registration, continental breakfast and driving range practice
- 9 a.m.** Shotgun start
- 1 p.m.** Lunch buffet



Making safe car seats more accessible

This year, your donations will make it possible for Big Rapids and Reed City Hospitals to offer a program providing free or reduced-cost car seats by a certified car seat installer. This way, children and parents of all financial backgrounds can be assured that their car rides are as safe as can be.

While it's true that motor vehicle injuries are a leading cause of death among children in the United States, most of those deaths can be avoided when kids use the right car seats. According to the National Highway Traffic Safety Administration (NHTSA), 35% of children under the age of 13 who died in a motor vehicle accident were unrestrained.

Your participation matters!

NHTSA estimates that 3 out of 4 car seats are **installed incorrectly or are not age appropriate**. By providing car seats through this program, we can do our part to reduce the risk of death in infants by 71%, and 48% for children aged 4-8 years old.

Your day on the course means that our community's kids will be safer on the road!

Please consider participating in the 2023 Charity Golf Classic—as a sponsor, golfer or both—and join us in providing the utmost safety to our most precious cargo.



Corewell Health Foundation
Big Rapids and Reed City Hospitals

9th Annual Charity Golf Classic

Monday, August 14, 2023

Tullymore Golf Resort
11969 Tullymore Drive
Stanwood, Michigan 49346



Sponsorship Opportunities

☐ Presenting Sponsor - \$5,000

(One Available)

- Banner displayed at event (sponsor provided)
- Podium recognition during lunch program
- Recognition on Facebook page
- Company logo listed in event program
- Two tee sponsor signs
- Premium lunch seating
- Eight golfers (\$1,400 value)

☐ Lunch Sponsor - \$3,000

(Unlimited)

- Recognition at lunch
- Recognition on Facebook page
- Company name listed in event program
- Tee sponsor sign
- Premium lunch seating
- Four golfers (\$700 value)

☐ Player's Cart Sponsor - \$1,500

(One Available)

- Company logo on the cart signage
- Recognition on Facebook page
- Company name listed in event program
- Tee sponsor sign
- Four golfers (\$700 value)

☐ Driving Range Sponsor - \$1,500

(One Available)

- Recognition on the driving range
- Recognition on Facebook page
- Company name listed in event program
- Tee sponsor sign
- Four golfers (\$700 value)

☐ Scorecard Sponsor - \$1,500

(Two Available)

- Logo on scorecards
- Recognition on Facebook page
- Company name listed in event program
- Tee sponsor sign
- Four golfers (\$700 value)

☐ Birdie Sponsor - \$1,500

(Unlimited)

- Recognition on Facebook page
- Company name listed in event program
- Tee sponsor sign
- Four golfers (\$700 value)

☐ Beverage Cart Sponsor - \$1,000

(Two Available)

- Recognition on the beverage cart
- Company name listed in event program
- Tee sponsor sign
- Two golfers (\$350 value)

☐ Iron Sponsor - \$750

(Unlimited)

- Company name listed in event program
- Two golfers (\$350 value)

☐ Tee Sponsor - \$250

(Unlimited)

- Tee sponsor sign

☐ Individual Golfer - \$175

- 18 holes with cart, welcome gift and lunch

☐ Outright Donation \$ _____

☐ Prize Sponsor - In-Kind Donation

Return completed form by mail, email or fax:

Corewell Health Foundation
Big Rapids and Reed City Hospitals
605 Oak Street | MC350
Big Rapids, MI 49307
fax: 616.754.6407

If you would like to sponsor, please contact
Tami Elhart at 616.267.2986 or
tamara.elhart@corewellhealth.org

Registration

Please respond by August 1, 2023.

Save time and register online at

give.spectrumhealth.org/bigrapidsreedcity/golf

Company Name to be printed on recognition material

Contact Name

Address

City State ZIP

Phone

Email

Player #1 _____

Email: _____

Player #2 _____

Email: _____

Player #3 _____

Email: _____

Player #4 _____

Email: _____

☐ Check payable to Corewell Health Foundation

☐ Credit Card (Visa, MC, Discover or AMEX)

☐ I cannot attend; please accept my donation

Total Amount \$ _____

Name on Card

Card #

Exp. Date

Signature