



***Please Save the Date – Monday, June 10, 2019***

***Jordan Hospital Club Golf Tournament  
to benefit Cranberry Hospice***



**Monday, June 10, 2019**

**Southers Marsh Golf Club, Plymouth MA**

**\$150.00 per golfer - Tee off at 1:00 pm**

**Includes greens fee, cart, lunch & awards dinner**

**Send in your PAID registration by May 15, 2019  
and be entered to win your golf fee back!**

Please register and pay online at [www.jordanhospitalclub.org](http://www.jordanhospitalclub.org)

Or complete the form below and mail it with your check to:

Jordan Hospital Club

PO Box 1727

Plymouth, MA 02362

**Sponsorships are available. Please see the attached form for opportunities or visit our website:  
[www.jordanhospitalclub.org](http://www.jordanhospitalclub.org)**

For more information about sponsorship opportunities or if you have any questions, please contact Kelly Maddock Cook at 508-269-2544 or by email at [kellycook1129@gmail.com](mailto:kellycook1129@gmail.com)

Send in your Paid Registration by May 15, 2019,  
And be entered in our Early Bird Drawing – one lucky golfer will win their golf fee back!

Please register and pay online at [www.jordanhospitalclub.org](http://www.jordanhospitalclub.org)  
Or complete the form below and mail it with your check to:  
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at 508-269-2544 or by email at [kellycook1129@gmail.com](mailto:kellycook1129@gmail.com).

**Yes, I/We would like to golf in the Jordan Hospital Club/Cranberry Hospice Golf Tournament  
on June 10, 2019, and be entered in the Early Bird Drawing.**

**Golfer name(s) and/or Company name(s)** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email address** \_\_\_\_\_

**I/We are unable to golf but would like to make a gift to Cranberry Hospice of \$** \_\_\_\_\_

**Payment is made payable to: Jordan Hospital Club**

**By Check:** Please make checks payable to Jordan Hospital Club and mail to JHC at PO Box 1727,  
Plymouth, MA 02362

**Credit card:**       Visa     MasterCard     American Express     Discover

Name as it appears on card \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ *Signature* \_\_\_\_\_

*If you would rather give your credit card information by phone, please call Kelly Maddock Cook at 508-269-2544.*



## ***Sponsorship Opportunities***

***All sponsorships received by 5/13/2019 will be included in the event brochure***

▪ **\$5,000: Tournament Sponsor**

***Day-of-Event Benefits***

- Complimentary foursome of golf
- Company name/logo on signage at event
- Company name/logo on golfer give-away given to all participants
- Recognition at tournament dinner

▪ **\$2,500: Golf Ball Sponsor**

***Day-of-Event Benefits***

- Complimentary foursome of golf
- Company name/logo on signage at event
- Company name/logo on golf balls given to all participants
- Recognition at tournament dinner

▪ **\$1,500: Lunch and Registration Sponsor**

▪ **\$1,500: Dinner and Putting Green Sponsor**

▪ **\$1,500: Corporate Sponsor**

*All \$1,500 level sponsorships will receive the following benefits:*

***Day-of-Event Benefits***

- Complimentary foursome of golf
- Company name/logo on signage at event
- Recognition at tournament dinner

▪ **\$250: Hole Sponsor** — Company name on a hole sign at tournament

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**Company name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Sponsorship Level:** \_\_\_\_\_

***Our contribution totaling \$ \_\_\_\_\_ will be made by:***

**Payment will follow. Pledge reminders will be sent by Jordan Hospital Club.**

**By Check:** Please make checks payable to Jordan Hospital Club

**Credit card:**       Visa    MasterCard    American Express    Discover

Name as it appears on card \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ *Signature* \_\_\_\_\_

*If you would rather give your credit card information by phone, please call 508-269-2544.*