



Our Vision:

Supporting the hospital to provide and accelerate optimal health care and services for our community.

Our Mission:

We encourage giving to enhance care offered by the Strathcona Community Hospital through:

- Community engagement,
- Corporate partnerships, and
- Recognizing our contributors and their contributions.

Your Support:

With your support, the 2019 golf tournament raised approximately **\$20,000** enabling the purchase of:

- Wheelchairs
- Portable ultrasound
- Humidifier
- Specialized pediatric syringe pumps
- Patient simulator
- Blanket warmer

Our 2020 Goal:

- Raise funds for a Video Laryngoscope Monitor to provide support for breathing tube placement.

About Your Community Hospital

Did you know

- The hospital houses 27 high-turnover ER beds leading to lower wait times and faster door-to-doctor time.
- Over 46,000 ER patients were treated last year which included more than 8,000 children - over 94% of all patients were treated and discharged home.
- The hospital provides over 600 patients per month IV Therapy and over 5,000 patients annually with Diagnostic Imaging services - including CT, ultrasound and x-ray.
- 12 Nurse Practitioners are part of the core healthcare team to improve the continuity of care for patients.
- The on-site lab supports the community with over 17,000 outpatient visits!
- Registered nurses, Registered Dieticians, Kinesiologists, Psychologist offer community support classes for:
 - Group diabetes management
 - Weight management
 - Chronic disease management classes
 - Individual outpatient diabetes education



www.thebroadmoor.ca

Title Sponsor



Photo courtesy Macri Photography

Proceeds support



STRATHCONA
Community Hospital Foundation

4th Annual

GOLF TOURNAMENT

Thursday, May 28, 2020

Broadmoor Public Golf Course

2100 Oak Street, Sherwood Park

www.STCHF.org

Be a sponsor

Submission deadline: May 18, 2020

- Platinum (4 golfers) - \$2,000
- Gold (2 golfers) - \$1,200
- Silver (1 golfers) - \$800

Additional Sponsorships

- Wine sponsor (2) - \$1,000
- Beverage sponsor (2) - \$800
- Golf cart signage (2) - \$500
- Hole sponsor - \$300/each
- Beverage hole sponsors available

SILENT AUCTION DONATIONS WELCOME

All Sponsors will be acknowledged in the local newspaper and on our website leading up to the event. During the event, sponsors will be recognized at the Broadmoor Golf Course on the televisions screens.

Sponsorship total \$ _____
(Add to the registration total so payments can be processed together)

Company or individual name: _____

Address: _____

City: _____ Postal code: _____

Tel: _____ Fax: _____

Email: _____

Contact name: _____

Sponsorship Recognition

Please print company name you would like to be used for all sponsorship recognition below:

Golfer Registration and Payment Form

Deadline for registration is Thursday, May 21, 2020. **Register early to avoid disappointment.**

Please fill out all the information below

Register me/us as: ☐ team ☐ individual(s)

Printed Name(s)	Company name	Phone Number	*Email (for registration confirmation)
1.			
2.			
3.			
4.			

Registration Form

of Golfers _____ @ \$160 each = \$ _____

Sponsor level _____ \$ _____

Registration + Sponsor level = \$ _____ TOTAL

This 18 hole tournament includes:

- green fees and practice range
- a shared power golf cart
- dinner
- prizes and silent auction items

Schedule

Registration 12:30 p.m.

Shotgun start 1:30 p.m. SHARP!

Dinner, prizes & auction 6:30 p.m.

Tournament cost: \$160 per person

Dinner only: \$40 per person

Proceeds support



STRATHCONA
Community Hospital Foundation

Collection and use of personal information

Personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to manage and administer tournament registration and award prizes. If you have questions regarding the collection, use or disclosure of this information contact the Board Chair at 780-449-5380. This is a public event and photos may be taken by the Strathcona Community Hospital Foundation for promotional purposes. Team photos are being taken for team members only and will be used for no other purpose. Registrants and other individuals may opt out of pictures at any time.

Payment Options

☐ Cheque (payable to Strathcona Community Hospital Foundation)

☐ Visa ☐ Mastercard

Card # _____

Expiry: _____

Cardholder name: _____

Cardholder signature: _____

Payment is required with your registration, which will be confirmed BY EMAIL within one week of receipt of payment.

Complete this form with cheque (made payable to Strathcona Community Hospital Foundation), cash or credit card number.

Mail to:

163 Norwich Crescent
Sherwood Park AB T8A 5S1

☐ Note: Tax receipts available for a portion (\$50) of the Golf Tournament if requested.

For more information, please contact:

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Trina Hodges - Ph: 780-984-3322

Paula Schoepp - Ph: 780-940-1715

Email: stchf.golf@gmail.com