

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 community hospital

The Strathcona Community Hospital offers a 24-hour Emergency Department and Diagnostic Imaging Services with community-based programs including:

- EMS
- Social Worker
- Community Laboratory Services
- Addictions & Mental Health Clinic
- Opioid Dependency Program Clinic
- Community & Rehabilitation Interdisciplinary Services (CRIS Clinic)
- Chronic Disease Management
- IV Therapy Clinic
- Dermatology Clinic
- Emergency Department Transition Clinic
- Home Care Clinic
- Infectious Disease / Internal Medicine Clinic
- Orthopedic Clinics
- Pediatrics Clinic
- Chronic Pain Clinic
- Rheumatology Clinic
- General Surgery Clinic
- Senior's Clinic
- Women's Colposcopy Clinic
- Otology Clinic
- Other support services/programs



Be a sponsor

- Platinum (5) - \$2,500
- Gold (10) - \$1,500
- Silver (Unlimited) - \$1,000
- 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 and on the placemats during the dinner.



www.thebroadmoor.ca

Title Sponsors



Photo courtesy Macri Photography

Proceeds support



STRATHCONA
Community Hospital Foundation

2nd Annual

GOLF TOURNAMENT

Thursday, July 26, 2018

Broadmoor Public Golf Course

2100 Oak Street, Sherwood Park

www.STCHF.org

Golfer Registration and Payment Form

Deadline for registration is Thursday, July 12, 2018. **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 _____ @ \$185 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: \$185 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:

41 Craigavon Court
 Sherwood Park AB T8A 5L9

Note: Tax receipts are available for a portion of the Golf Tournament if requested.

For more information, please contact:

Peter Scott

Ph: 780-990-9835

Email: golf.stchf@gmail.com



Sponsorship Form

Submission deadline: July 12, 2018

Yes! I want to be a sponsor

Choose your preferred sponsor level
 (number in brackets indicates limited # sponsorships available)

☐ **Platinum (5)**

\$2,500
 (Includes 4 golfers)

☐ **Beverage (2)**

\$800
 Drink ticket on the course

☐ **Gold (10)**

\$1,500
 (Includes 2 golfers)

☐ **Golf Cart Signage (2)**

\$500

☐ **Silver (unlimited)**

\$1,000
 (Includes 1 golfer)

☐ **Hole Sponsor**

\$300

☐ **Wine (2)**

\$1,000
 Wine sponsor at the dinner

☐ **Hole in One Sponsor**

for \$10,000 prize (4)
 \$400 per prize or supply your own

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: