



25th Annual Oak Tree Classic Golf Tournament

Saturday, September 10, 2016 · Ortonville Golf Course 9:00 am—Shotgun Start · 18 Hole Scramble · Limited to first 54 pre-paid teams · 3 person teams—make your own or fill-ins available · No rain date scheduled



Raffle Prizes

- . \$2,000.00 cash
- \$250.00 cash
- \$250.00 cash

\$10/ticket Only 600 sold! \$90/Golfer if registered by August 26, 2016 After deadline: \$100/golfer

Entrance donation includes greens fee and meal.

Registration Deadline: August 31, 2016

Register by contacting:

450 Eastvold Ave. Ortonville, MN 56278

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Online: www.bshcf.org Questions? Call (320) 839-4135



Big Stone Health Care Foundation's

25th Annual Oak Tree Classic Golf Tournament

Cost: \$300

Cost:

\$150/hole

Saturday Sept. 10, 2016

Sponsorship Opportunties

HOLE IN ONE SPONSORS

Donor Benefits:

Featured in Golf registration brochure

Featured on posters throughout the community and area golf clubs.

News stories, radio interviews

Printed tournament program

Signs at the tournament on sponsored hole and in registration area.

HOLE SPONSORS

Donor Benefits:

News stories, radio interviews

Printed program given to all golfers

Signs at the tournament on sponsored hole and in registration area.

LADIES' TEE BOX SPONSORS

Donor Benefits:

News stories, radio interviews

Printed program given to all golfers

Signs at the tournament on sponsored hole and in registration area.

MISCELLANEOUS SPONSORS

Variable

Cost: \$150/hole

Example: golf balls, beverages on course, committee ID shirts, trophies, prizes, etc.

Donor Benefits:

News stories, Radio interviews

Printed program given to all golfers

Other (i.e. Name on golf balls or other items given to all golfers

Signs at the tournament



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Sponsorship Commitment

☐HOLE IN ONE SPONSORSHIP \$300 Name of Organization:
□HOLE SPONSOR \$150 Name of Organization:
□LADIES TEE BOX SPONSOR \$150 Name of Organization:
☐MISCELLANEOUS SPONSOR (includes items such as golf balls, hole prizes, game prizes, etc.) Please indicate items, including value:
Name of Organization:
Please send invoice to:
Name
Name