

5th ANNUAL



NEW DATE/LOCATION!
MONDAY, SEPT 12, 2022
Keller Golf Course
Maplewood, MN

8:30 AM

Registration
Putting Contest
Chipping Contest
Driving Range

10:00 AM

Shotgun Start (Scramble)
with lunch on the course

3:00 PM (approximate)

Happy Hour and
Awards Program

*proceeds benefit
the Upper Midwest
Chapter of the
National MS Society*



**National
Multiple Sclerosis
Society**



SPONSORSHIP OPPORTUNITIES

HAPPY HOUR SPONSOR - \$5,000

LUNCH SPONSOR - \$3,000

BLOODY MARY BAR SPONSOR - \$2,000

EAGLE SPONSOR - \$2,000

BIRDIE SPONSOR - \$1,000

CART SPONSOR - \$1,000

HOLE IN ONE SPONSOR - \$1,000

KEG ON A HOLE SPONSOR - \$1,000

PUTTING CONTEST SPONSOR - \$1,000

CLOSEST TO THE GREEN SPONSOR - \$500

CHIPPING CONTEST SPONSOR - \$500

DRIVING RANGE SPONSOR - \$500

HOLE SPONSOR - \$250

SPONSORSHIP OPPORTUNITIES

HAPPY HOUR - \$5,000

- Name & Logo on the Registration Flyer
- Special Recognition at Happy Hour
- Sponsorship Sign

LUNCH - \$3,000

NO LONGER AVAILABLE

BLOODY MARY BAR - \$2,000

- Name on the Registration Flyer & Sponsorship Sign

EAGLE SPONSOR - \$2,000

- Name on the Registration Flyer
- Sponsorship Sign
- Includes 4 golfers

BIRDIE SPONSOR - \$1,000

- Name on the Registration Flyer
- Sponsorship Sign
- Includes 2 golfers

KEG ON A HOLE - \$1,000

- Name on the Registration Flyer & sponsorship Sign at the hole

CART SPONSOR - \$1,000

- Name on the Registration Flyer & logo on golfers scorecard
- Sponsorship Sign

HOLE IN ONE - \$1,000

- Name on the Registration Flyer
- Sponsorship Sign at the Hole in One Contest

PUTTING CONTEST - \$1,000

- Name on the Registration Flyer
- Sponsorship Sign at the contest site

CHIPPING CONTEST - \$500

NO LONGER AVAILABLE

DRIVING RANGE - \$500

- Name on the Registration Flyer
- Sponsorship Sign at the driving range

CLOSEST TO THE GREEN CONTEST - \$500

- Sponsorship Sign at the contest site

HOLE SPONSOR - \$250

GOLF REGISTRATION

GOLFER REGISTRATION - \$125 PER GOLFER:

includes green fee, cart, lunch and Happy Hour

If four names are not provided, you will be placed with other golfers to complete a foursome

Player 1: _____

Address: _____

Phone: _____ Email: _____

Player 2: _____

Address: _____

Phone: _____ Email: _____

Player 3: _____

Address: _____

Phone: _____ Email: _____

Player 4: _____

Address: _____

Phone: _____ Email: _____

Please return registration and
payment
by August 5th to:

Handi Medical Supply
Attn: Julie Buytaert
2505 University Ave W
Saint Paul, MN 55114
julie@handimedical.com
Fax: 651-846-4368

Questions?
Please contact Julie
at 651-287-3533

PAYMENT INFORMATION

If paying by check, please make payable to Handi Medical Supply:

Sponsorship: \$ _____

Golf: \$ _____

Total: \$ _____

VISA / MasterCard / Discover / American Express (please circle)

Card #: _____ Exp Date: ____/____ Security Code: _____

Signature: _____