

The Fry Healthcare Foundation's Eleventh Annual Golf Tournament September 6, 2019

Mirror Lake Golf Course - Highway 95, South of Bonners Ferry

2019 Sponsorship Form

Sponsor's	Name:
Contact:	Phone:
Address:	Email:
	1,000 Champions Sponsorship — Sponsorship sign on the HOLE OF YOUR CHOICE, stration and Dinner for a Foursome (2 teams/4 players), and two carts.
-	800 Eagle Sponsorship — Sponsorship sign on the HOLE OF YOUR CHOICE, stration and Dinner for a Foursome (2 teams/4 players).
-	500 Birdie Sponsorship — Sponsorship sign on the HOLE OF YOUR CHOICE, stration and Dinner for One Team (2 players).
□ \$	250 Par Sponsorship — Sponsorship sign on tee box or green.
	☐ Put my sign on Hole # ☐ Whatever Hole is available
	☐ Other (Specify)
□ W	/e would like to donate \$ to Fry Healthcare Foundation
□ Y	es, we will donate the following swag bag donation, prize and/or funds for the event:
All sp	onsors will receive special recognition on our website and Facebook.
Use th	nis form or register online: http://fryhealthcare.maestroweb.com/
or del	se credit card or check for payment – checks payable to Fry Healthcare Foundation should be mailed ivered to the Community Relations Office at Boundary Community Hospital 6640 Kaniksu Street, ers Ferry, Idaho 83805. Upload your logo directly to your sponsorship form online. Once your account
is set	up, information can be used for future events.

All proceeds from this tournament will go to benefit the Foundation's annual campaign in support of Boundary Community Hospital.

Please contact Lauren Kuczka at (208) 267-6912 with any questions.

Don't Forget to Purchase Entries for The Great Golf Ball Drop!