

# Golf for Life Classic

*In Honor and Appreciation of  
McLaren Bay Region  
Healthcare Workers*

**Wednesday, August 5, 2020**  
**Maple Leaf Golf Course**  
**Linwood, Michigan**

*Event Chairmen*  
**Dr. Daniel Lee**  
**Dr. Rajesh Dandamudi**  
**David Dittenber**

**Title Sponsor**  
**The Medical Staff**  
**of McLaren Bay Region**

## Golf for Life Classic

### 18-Hole Scramble

**Wednesday, August 5, 2020 ♦ 8:00 am Shotgun Start**

Team Prizes for Men, Women, and Mixed Teams	On Course Refreshments
Continental Breakfast/Coffee	Hole-In-One Prizes
Hot Dogs/Brats and Beer at the Turn	Longest Drive Prizes
Deluxe Snack Bag for each Golfer	Longest Putt Prizes
Great Golfer Gift	Complimentary Practice Range and Putting Green
Free Team Photo (delivered after event)	Two Golf Carts per Foursome
Complimentary Bloody Mary Bar	<i>New Bay County Location!</i> The beautiful Maple Leaf Golf Course 158 N Mackinaw Road, Linwood, MI

The COVID-19 pandemic has affected the community in so many ways. Throughout it all, McLaren Bay Region healthcare workers have continued to show up and care for the sick.

*This year's Golf for Life Classic is taking place to honor  
and appreciate our local healthcare workers.*

- All event proceeds will go to the Emergency Response Fund to make sure the personal protection equipment and supplies are available for the safety of workers and patients.
- Our top tier sponsorships include providing a free golfing opportunity at the *Golf for Life Classic* for front line healthcare workers.

**Please choose to sponsor and/or golf in this year's Golf for Life Classic.**  
**Your support is important!**

# Sponsorship and Golf Opportunities



BAY MEDICAL FOUNDATION

## \$5,000 Premier Sponsor

- 8 Golfers
- Provide free golf for 4 McLaren healthcare workers
- Full page ad on inside cover of event program
- Customized banner with your company logo
- Company logo on event publications, signage and website
- Link from our website to yours

## \$3,000 Birdie Sponsor

- 4 Golfers
- Provide free golf for 2 McLaren healthcare workers
- Half page ad in event program
- Company name on event publications, signage and website
- Link from our website to yours

## \$2,000 Par Sponsor

- 4 Golfers
- Provide free golf for one McLaren healthcare worker
- Quarter page ad in event program
- Company name on event publications, signage and website

## \$1,200 Foursome

- 4 Golfers

## \$300 Individual Golfer

### \$1,000 Sponsorships

Recognition includes listing in event program and signage or scoresheets

- Golf Cart Sponsor
- Scoresheet Sponsor
- Trophy Sponsor
- Refreshment Tent Sponsor

### \$500 Sponsorships

Recognition includes listing in event program and on course

- Hole-In-One Sponsor
- Longest Drive Sponsor
- Longest Putt Sponsor
- Putting Green Sponsor

## \$300 Sponsorships

Recognition includes listing in event program and signage or on snacks

- Players Snacks Sponsor
- Pond Sponsor
- Closest to the Line Sponsor
- Closest to the Pin Sponsor
- Tee and Green Sponsor

## \$175 Sponsorships

Recognition includes listing in event program and at the tee or green

- Tee Sponsor
- Green Sponsor

## Sponsorships and/or Golfer Registration

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Check Enclosed

Bill Me

Visa  MasterCard  American Express  Discover

CC Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

Sorry, I am unable to attend, but please accept my contribution of \$ \_\_\_\_\_

**Please return by July 20, 2020**

**Mail: MBMF, 1900 Columbus Ave, Bay City, MI 48708**

**Email: mbmf@mclaren.org**

**Fax: 989-895-4730**

## Golfer Information

Please complete for all golfers on team.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_