

Rockcastle Regional Golf Scramble for WHAS

Cedar Rapids Golf Course
3021 Cedar Rapids Way
Mount Vernon, KY 40456

| | |
|---------------|------------|
| Registration | 11:00 a.m. |
| Lunch | 11:30 a.m. |
| Shotgun start | 12:30 p.m. |

Since 1990, Rockcastle Regional Hospital has participated in various annual fundraisers to raise over **\$98,373** for WHAS Crusade for Children.

To date, Rockcastle Regional Hospital has received **\$546,355** from the Crusade.

Money from WHAS has been used to purchase two trip vans, portable ventilators, a specialized bathtub and numerous pieces of equipment and therapy materials.

"The WHAS Crusade for Children has enabled Rockcastle Regional to improve not only the services we provide to children with special needs, but also their quality of life."

Brandie Taylor, Director of Speech Pathology and WHAS Coordinator at Rockcastle Regional



PO Box 1310
Mount Vernon, KY 40456



GOLF SCRAMBLE



June 12, 2013

Cedar Rapids Golf Course

3021 Cedar Rapids Way
Mt. Vernon, KY 40456

*Proceeds benefit
WHAS Crusade for Children*



**ROCKCASTLE
REGIONAL**
HOSPITAL RESPIRATORY CARE CENTER

**GOLF SCRAMBLE, WEDNESDAY, JUNE 12, 2013
CEDAR RAPIDS GOLF COURSE**

SPONSORSHIPS

☐ **Hole Sponsor** **\$200.00**

☐ **Lunch Sponsor** **\$800.00**
(1 available)

☐ **Beverage Cart Sponsor** **\$200.00**
(2 available)

☐ **Goodie Bag Sponsor**
Will supply 60 like items.

☐ **Team Sponsor** **\$300.00**
Per team of four players

Includes:

Cart, greens fee, lunch and
soft drinks/water

Also includes:

Closest to the pin on hole #8
Hole in one #5
Longest Drive Contest on hole #2
Mulligans, Skirt

1st, 2nd, 3rd place prizes for teams

*Make checks payable to:
Rockcastle Regional Hospital
Attn: Arielle Estes
PO Box 1310
Mount Vernon, KY 40456*



UKHealthCare
Network Affiliate

Markey Cancer Center

PLAYER INFORMATION

Player A/Contact Person

Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____
Email _____

Player B

Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____
Email _____

Player C

Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____
Email _____

Player D

Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____
Email _____

**For more information or directions,
contact Arielle Estes
606-256-7880 or a.estes@rhrcc.org**

*All Sponsorships are based on availability and first-come, first-served basis and **must** be paid before the event. No refunds will be made.

Sponsor Information Only

Company _____

Contact Person _____

Phone _____

E-mail _____