



Health Outreach Foundation

Golf Classic

September 30th 2024

Oakwood County Club



New Venue for 2024!

All proceeds to health outreach program for those experiencing homelessness in Kansas City. This program provides walk-in care, treatment and referral services for those experiencing homelessness in our city.

We work in partnership with three local charities: reStart Inc, Artists Helping the Homeless and Welcome house to deliver these much needed services.

Thank you for your support

HOF is a 501c3 nonprofit organization (EIN#20-0869346)

Location: Oakwood Country Club
9800 Grandview Rd, Kansas City MO
64137

For more information and questions:

www.hofconnect.org/golf-tournament-home-1

Schedule of Events:

- Registration	10:00 PM
- Shotgun Start	12:00 PM
- Dinner	5:30 PM

Jerry Smith
(816) 560 9379
jerry@healthoutreachfoundation.org



SPONSORSHIP OPPORTUNITIES

Gold Title Sponsor - \$10000

- 12 Player Reservations and gift packages
- 24 Dinner Invitations
- Listing in Event Program
- Course Signage
- Dinner Sponsor
- Website Promotion

Silver Sponsor - \$5000

- 8 Player Reservations and gift packages
- 16 Dinner Invitations
- Listing in Event Program
- Course Signage
- Website Promotion

Bronze Sponsor - \$3000

- 8 Player Reservations and gift packages
- 8 Dinner Invitations
- "Sponsored By" signage on one of: Beverage Cart, On-Course competition or putting contest
- Website promotion

Team Sponsor - \$2000

- 4 Player Reservations and gift packages
- 4 Dinner invitations
- \$100 Discount on Hole Sponsorship (\$400 vs \$500)

Hole Sponsor - \$500

- "Sponsored by" signage on one hole

Games Package - \$100 per team (prepay)

- Entry into all on-course competitions

REGISTER NOW

Send/email the form below to: Health Outreach Foundation, PO Box 481021, Kansas City, MO 64148
jerry@healthoutreachfoundation.org

Register Online: www.hofconnect.org/golf-tournament-home-1

Registration Information

Company:
Name:
Address:
Phone:
Email
Please indicate sponsor level:

Player Information

Player 1 name:
Email:
Player 2 name:
Email
Player 3 name:
Email:
Player 4 name:
Email:
I am unable to attend. Please accept my donation of:
\$ _____

Payment Information

Please make checks payable to: "Health Outreach Foundation"
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
Card #:
Exp date: _____ Code: _____
Billing ZIP code:
Name on Card:
Card Holder Signature
Payment Total \$: