

SPONSORSHIPS AVAILABLE

Gold Sponsor - \$1,300

Entry fee for 2 Teams
Recognition on Social Media
Sign on Course

Team & Hole Sponsor - \$700

Entry for a team of four and hole sign

Hole Sponsor - \$200

Beverage Cart Sponsor - \$500

Gift Bag Sponsor - \$500

Sponsor Name: _____

Contact: _____

Mailing Address: _____

Email: _____

Phone #: _____

Sponsorship level: _____

Gloucester Mathews Care Clinic
P.O. Box 684 • Gloucester, VA 23061
804-210-1368
gmcareclinic.com
facebook.com/gloucestermathewscareclinic

COMMUNITY HEALTH PARTNERS

Cornerstone

Cindy Gunn & Chris Andrews

Promoter



Advocates

Vicky Gunn



Hero



Champions



James & Nancy Dykeman



Encouragers



Timothy A. Leigh D.D.S.



PHILLIPS ENERGY INC.
"Fueling Yesterday, Today and Tomorrow"

Don & Eva Mullins

Helpers

Botetourt Lodge #7 Foundation
Chris & Becky White | Louise Theberge
Linda Tjossem | Frank & Sarah West
Mr. & Mrs. Henry Moncure



Gloucester Mathews Care Clinic

14TH ANNUAL GOLF CLASSIC

to support patient care

Register online at
[gmcareclinic.com/
golfclassic](http://gmcareclinic.com/golfclassic)



TOURNAMENT SCHEDULE

Friday, August 16, 2024

8 AM Registration
9:30 AM Shotgun Start
Following Tournament...Awards Banquet

ENTRY FEE—TEAMS

\$600 per team

Entry Fee Includes:

- 18 holes of golf
- Golf Cart
- Practice Range Balls
- Golfer Gift Bag
- Lunch Buffet

ADDITIONAL PRICING INFO

Individual Player \$150
Lunch Buffet without golf \$ 40

PRESENTING SPONSORS

Vicky Gunn
Cindy Gunn & Chris Andrews



Timothy A. Leigh D.D.S.



TOURNAMENT FORMAT

18-hole, four-person team
Captain's Choice
Flighted (post-tournament)

PRIZES

Championship Flight
1st place and 2nd place

2nd Flight
1st place and 2nd place

- Closest to the Pin
- Longest Drive
- Straightest Drive

MORE FUN!

Raffle Tickets \$5 each
Mulligans \$10 each
Deal of the Day \$60
2 mulligans and 15 raffle tickets
Team of Mulligans \$35
8 mulligans
On the Course...
Red Solo Cup Challenge
Dixon Golf Par 3 Challenge

If you don't have a team, we can help pair you with other individual players!

ENTRY FORM

Team Members:

1. _____

Phone#: _____

Email: _____

2. _____

Phone#: _____

Email: _____

3. _____

Phone#: _____

Email: _____

4. _____

Phone#: _____

Email: _____

Register online at
gmcareclinic.com/golfclassic
or
mail registration & payment to
PO Box 684
Gloucester, VA 23061

**Make checks payable to
Gloucester Mathews Care Clinic
In memo, please indicate
"GOLF"*

Questions?
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