

Community Care Hospice Angel Care Open



Majestic Springs Golf Club

1631 Todds Fork Rd
Wilmington, Ohio 45177
Phone: (937) 383-1474

Friday, September 29, 2017

Cost: \$100 per player*

Registration and breakfast
begin at 7:45 am
Tee off at 9:00 am

Breakfast provided by
Wilmington Nursing & Rehab

Enjoy 18 holes of golf
(including cart), lunch,
field events, auction, and
and awards presentation.

- Longest putt & drive contests
- Closest to the pin challenge
- Split the pot

Questions? Contact Michelle Kessler at
(937) 382-5400 or (937) 725-4987



13th Annual Hospice Golf Outing- 4 Person Shotgun Scramble



*Funds raised this year will be dedicated
to patients in our community*

*Pre-register now by filling out the enclosed registration form.
Teams registered and paid for by 9/8/2017 are \$80/per player.

[We welcome donated prizes for the auction.](#)
[Please call for details!](#)

Community Care Hospice is a non-profit 501 (c) 3 corporation
formed to serve our local communities in Clinton, Highland and
surrounding counties. Your support for our organization will
enable us to provide the best end of life care possible!
We never turn anyone away regardless of ability to pay.

Please join us for a fun day and do something
wonderful for our friends and neighbors!

No denim, collared shirts required.

Registration/Hole Sponsor Form

Please send your completed registration form
with your tax-deductible contribution to:

Community Care Hospice
P.O. Box 123
Wilmington, Ohio 45177
For Questions call:
(937) 382- 5400

Thank you for supporting your local Hospice!

Player / Team Sign Up:

Company or Group Name: _____

Contact: _____

Address: _____

City, Zip: _____

Phone: _____ Email: _____

Player # 1 _____ Player # 2 _____

Player # 3 _____ Player # 4 _____

\$100.00 per player or \$400.00 per team
(Preregister by 9-8-17 = \$80.00 per player or \$320 per team)

Hole Sponsor \$100

**Company/Organization as it should appear on the Hole Sponsor sign or
Email logo to michellekessler@communitycarehospice.com**

Company Name: _____

or In Memory of: _____

Contact: _____ Email: _____

Address: _____

City, Zip: _____

Phone: _____

Cash , Check, Debit or Credit Card now or day of play.

Visa/Mastercard:

Name/Company on Card: _____

Address: _____

City, Zip: _____

Number: _____

Expiration Date: _____ 3 Number Code on back: _____

Amount: \$ _____ Signature: _____