



Wednesday August 30, 2017

Brockville Country Club

AM Draw - 7:15am

PM Draw - 12:30pm

Four Person Shotgun scramble

\$250 per registrant

\$200 for BCC Golf Members

## Included in your Registration

Full round of golf with cart

On-course hospitality

Beverage cart

BBQ Lunch provided by Kelsey's

Cocktail hour and reception

Dinner with wine

Draw prize table

Everyone is eligible to win a draw prize.

Your registration guarantees it!

Silent and live auction items

The feeling that, together, we are  
*Friends helping Friends*

You can now register online at our website:  
[www.friendsofpalliativecare.com/registration](http://www.friendsofpalliativecare.com/registration)



*Your Support... Makes the Difference!*

2017 marks the 24th Annual "Friends of Palliative Care Golf Tournament". Your generosity has, and continues to be the key ingredient to the success of this tournament, "Friends helping Friends".

To date, your support has helped to raise over \$3,000,000 through this signature event, in efforts to support the Brockville and District Hospice Palliative Care Service, truly... amazing!

This program costs \$575,000 on an annual basis and leans almost entirely on the funds raised by you and our community. By supporting this event you are making certain that this service continues to provide the best quality of life for the critically or terminally ill, by ensuring their comfort and dignity during their final days... "adding life to days, when days cannot be added to life".

*Friend helping Friends.*

Thank You,

*Dave Publow and Jim Cooper, Co-Chairmen*

*On behalf of the 2017 Friends of Palliative Care Tournament Organizing Committee*

## LEVELS OF SPONSORSHIP

**\$4000+**  
**PLATINUM**

4 golfers of your choice  
Corporate banner prominently displayed on-site  
Sponsor greetings in Tournament Program  
Full-page advertisement in Tournament Program  
Recognition in Tournament Directory  
Web page acknowledgement

**\$2500 - \$3999**  
**GOLD**

2 golfers of your choice  
Sign prominently displayed on-site  
Recognition in Tournament Program & Directory  
1/2 page advertisement in Tournament Program  
Web page acknowledgement

**\$1000 - \$2499**  
**SILVER**

1/3 page advertisement in Tournament Program  
Recognition in Tournament Directory  
Web page acknowledgement

**\$500 - \$999**  
**BRONZE**

1/4 page advertisement in Tournament Program  
Recognition in Tournament Directory  
Web page acknowledgement

*If you would like to become a sponsor, please contact the Brockville and District Foundation Office, 75 Charles Street, Brockville, Ontario 613-345-4478 or 613-345-5649 ext. 1362*

# REGISTRATION



## 24th Annual Friends of Palliative Care Golf Tournament

Brockville Country Club  
Wednesday, August 30, 2017

[www.friendsofpalliativecare.com](http://www.friendsofpalliativecare.com)

# Registration Form

Please have your registration submitted by **Wednesday, July 12th, 2017**. Payment must accompany form to be registered.  
No refunds after August 17th.

**Please fill out editable registration form below and email to [foundation@bgh-on.ca](mailto:foundation@bgh-on.ca)**

*If you are paying by cheque, please submit form and payment to:  
Brockville & District Hospital Foundation Office, 75 Charles Street, Brockville, Ontario K6V 1S8*

**1** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

TEE OFF PREFERENCE (waiting list may apply)

AM DRAW 7:15 tee off     PM DRAW 12:30 tee off

*Please make sure your group is registered and PAID IN FULL in order to guarantee your spot.*

\$250 per golfer     \$200 BCC golf member

I cannot attend but would like to make a charitable donation of \$ \_\_\_\_\_

METHOD OF PAYMENT

Cheque payable to:  
Brockville and District Hospital Foundation

     

\_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

**2** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\$250 per golfer     \$200 BCC golf member

I cannot attend but would like to make a charitable donation of \$ \_\_\_\_\_

METHOD OF PAYMENT

Cheque payable to:  
Brockville and District Hospital Foundation

     

\_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

**3** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\$250 per golfer     \$200 BCC golf member

I cannot attend but would like to make a charitable donation of \$ \_\_\_\_\_

METHOD OF PAYMENT

Cheque payable to:  
Brockville and District Hospital Foundation

     

\_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

**4** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\$250 per golfer     \$200 BCC golf member

I cannot attend but would like to make a charitable donation of \$ \_\_\_\_\_

METHOD OF PAYMENT

Cheque payable to:  
Brockville and District Hospital Foundation

     

\_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

*Please note: The Friends of Palliative Care golf tournament will be photographed and/or filmed and images could be used in Friends of Palliative Care golf publications and website as well as the Brockville General Hospital and/or Foundation newsletters and websites. By participating in this event, you agree to this.*