

22nd Annual



WEDNESDAY, SEPT. 20, 2017

VANDERBILT LEGENDS CLUB • 1500 LEGENDS CLUB LANE, FRANKLIN • 615.791.8100

PROCEEDS WILL BENEFIT

WILLIAMSON COUNTY STUDENTS PURSUING A DEGREE IN HEALTH CARE

AND

**MONROE CARELL JR. CHILDREN'S HOSPITAL VANDERBILT
AT WILLIAMSON MEDICAL CENTER IN FRANKLIN**

FAY PORTER MEMORIAL MEDICAL SCHOLARSHIP

For more than a decade, local students of all backgrounds pursuing a degree in health care have been awarded financial assistance through the Fay Porter Memorial Medical Scholarship, which is awarded based on career goals, academic record and service to the community. These scholarships are administered through the Williamson Medical Center Foundation. For more information, visit williamsonmedicalcenter.org/foundation.

MONROE CARELL JR. CHILDREN'S HOSPITAL VANDERBILT AT WILLIAMSON MEDICAL CENTER OPEN IN FRANKLIN

Williamson Medical Center successfully opened the doors to the area's first dedicated pediatric hospital in July of 2015. Since then, we have treated thousands of children whose families didn't have to drive to Nashville to get top-notch pediatric emergency care. We have dedicated Vanderbilt pediatric emergency medicine physicians and the best team of pediatric nurses around. For more information, visit williamsonmedicalcenter.org/kids.



at Williamson Medical Center



SPONSORSHIP LEVELS

Sponsors included on tournament signage if entry received by Sept. 13, 2016.

Title Sponsor – \$7,500

Naming rights to flags or tee boxes for entire course
Two teams (golf for eight)
Company name and logo recognition on sponsor board

Premier Sponsor – \$3,000

Two teams (golf for eight)
Sponsorship of two holes
Company name and logo recognition on sponsor board

Vendor Education Booth – \$2,500

Booth space for vendor display
One team (golf for four)
Sponsorship of one hole
Company name and logo recognition on sponsor board

Patron Sponsor – \$2,000

One team (golf for four)
Sponsorship of two holes
Company name and logo recognition on sponsor board

Corporate Sponsor – \$1,500

One team (golf for four)
Sponsorship of two holes
Company name recognition on sponsor board

Team Sponsor – \$1,000

One team (golf for four)
Company name recognition on sponsor board

Hole Sponsor – \$250

No team; signage at one hole

TOURNAMENT SCHEDULE

Morning Flight

7 a.m.	Registration and Breakfast
8 a.m.	Shotgun Start
Post-Tournament	Lunch and Awards

Afternoon Flight

Noon	Registration and Lunch
1:30 p.m.	Shotgun Start
Post-Tournament	Light Buffet and Awards

TOURNAMENT FEATURES

- Four-person scramble
- Prizes for flight winners, longest drive, closest to pin and various contests
- Special prizes for holes-in-one
- Play rain or shine

REGISTRATION INCLUDES

- Putting contest, range balls, door prizes and goody bags
- Mulligan package includes two mulligans per player (cannot be used on prize holes).
- Complimentary team pictures

For more information, contact:

Leigh Williams: (615) 435-5158, lewilliams@wmed.org

NOTE: WMC is a 501(c)3 corporation, FEDERAL TAX I.D. #04-3717044. The tax-deductible portion of sponsorship fees for the tournament is as follows: Title \$7,020; Premier \$2,520; Patron \$1,760; Corporate Sponsor \$1,260; Team Sponsor \$760; and Hole Sponsor \$250.

ENTRY FORM

To guarantee recognition on signage, entry form must be received by September 13, 2017.

E-mail company logo (**EPS file**) to lewilliams@wmed.org for sponsor board.

Entries per flight are limited. Slots are awarded on a first-come, first-served basis with paid entry.

I wish my sponsorship to support:

- Children's Hospital Fund
 Scholarship Fund

Sponsorship level (check one):

- Title Sponsor* Corporate Sponsor
 Premier Sponsor* Team Sponsor
 Vendor Booth Hole Sponsor
 Patron Sponsor

* Make copies of this form for second team.

Flight preference: Morning Afternoon

Company: _____

Contact Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

Player 1 – Team Captain

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Player 2

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Player 3

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Player 4

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Please make checks payable to and mail to:

Williamson Medical Center Foundation

Attn: Leigh Williams

4321 Carothers Parkway, Suite 603 • Franklin, TN 37067

**To pay by credit card, call (615) 435-5158,
or fax your entry form to (615) 435-7304.**