

THANK YOU FOR
SUPPORTING YOUR LOCAL
COMMUNITY HOSPITAL!



Team Prizes will be awarded as follows:

First Place Mixed Team

Reigning Champions:

Jim and Cindy Potter, Kent and Amy Black

First Place Women's Team

Reigning Champions:

Rose Cozzi, Myrna Adderly, Judy Clark, Leisa Smith

First Place Men's Team

Reigning Champions:

Kyle Kockler, Brad Joyce, Matt Burdick, Mike Davis

Individual Skill Prizes will be
awarded for men women as follows:

Closest to the Pin

Reigning Champions:

Mary McInerney and Jason Wolfanger

Longest Drive

Reigning Champions:

Jimmy Potter and Danielle Richmond

Longest Putt

Reigning Champions:

Tom Neugent and Quyen Phan

Awards will be announced and
presented during dinner.

THINGS TO KNOW

Door prizes winners will be drawn during the tourney and will be available for winners to pick up as they come off the course. *Please check the prize table before you go in for dinner.*

Raffle Winners will be announced during dinner. *You do not have to be present to win.*

Tournament follows standard USGA Scramble format tournament rules.

When you finish your round, please hand in your scorecard at the Pro Shop.

“Double Your Money” offered on Hole # 3 for getting and staying on the green on your first shot.

MULLIGANS CANNOT BE USED ON PRIZE HOLES

Beverages will be available on course
Putting Contest
Games on the Course
Golf Ball Pull



If you have any questions or
concerns please contact :

Jason Reynolds at 585-596-4060
jason_reynolds@urmc.rochester.edu

or

Jodi Pearson, at 585-596-2053
jodi_pearson@urmc.rochester.edu



JONES MEMORIAL HOSPITAL GOLF TOURNAMENT

Friday, June 23rd, 2023
Wellsville Country Club
Registration at 9:00
Shotgun start at 10:00



Jones
Memorial
Hospital

Foundation

Providing a Philanthropic Environment in Direct Support of the Hospital's Mission

SPONSORSHIP OPPORTUNITIES

CART SPONSOR - \$5000 (\$5000 tax deductible)

Sponsorship signage on all carts / Registration Banner
Recognition on JMH Facebook Page and Website
Inclusion in media announcements
Inclusion in event program

TITLE SPONSOR - \$3,000 (\$2,600 tax deductible)

Sponsor banner at Prize Hole/ Registration Banner
Recognition on JMH Facebook Page and Website
Inclusion in media announcements
Inclusion in event program

DINNER SPONSOR - \$2000 (\$2,000 tax deductible)

Sponsor banner at food stations / Registration Banner
Recognition on JMH Facebook Page and Website
Inclusion in media announcements
Inclusion in event program

BEVERAGE SPONSOR - \$1500 (\$1500 tax deductible)

Sponsor banner at half way house / Registration Banner
Recognition on JMH Facebook Page and Website
Inclusion in media announcements
Inclusion in event program

EAGLE SPONSOR - \$1000 (\$1000 tax deductible)

Sponsor Double your Money / Registration Banner
Recognition on JMH Facebook Page and Website
Inclusion in media announcements
Inclusion in event program

BIRDIE SPONSOR - \$500 (\$500 tax deductible)

Hole Sponsor / Registration Banner
Recognition on JMH Facebook Page and Website
Inclusion in media announcements
Inclusion in event program

PAR SPONSOR - \$250 (\$250 tax deductible)

Inclusion in media announcements
Registration Banner
Inclusion in event program

TEE SPONSOR - \$100 (\$100 tax deductible)

Registration Banner
Inclusion in event program

THANK YOU !!!

Please fill out this registration form and return via mail or email to:

JONES MEMORIAL HOSPITAL, ATTN: JODI PEARSON
191 North Main Street, Wellsville NY 14895

jodi_pearson@urmc.rochester.edu



Contact Person: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Registration & payment is due with registration form. Tournament is limited to the first 140 paid golfers.

Please register _____ golfers (\$400 per team, \$100 per golfer) Team Name: _____

Please print the names and email addresses of the golfers on your team:

| | NAME | EMAIL ADDRESS |
|----|-------|---------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Method of Payment (check the box that applies):

____ Check (payable to **Jones Memorial Hospital Foundation**) ____ Cash

____ Credit Card: ____ Visa ____ Mastercard ____ Discover

Card #: _____ Expiration Date: _____ CVV Code: _____

SPONSORSHIP: ____ Cart Sponsor \$5,000 ____ Title Sponsor \$3,000 ____ Dinner Sponsor \$2,000
____ Beverage Sponsor \$1,500 ____ Eagle Sponsor \$1,000 ____ Birdie Sponsor \$500
____ Par Sponsor \$250 ____ Tee Sponsor \$100 ____ Raffle Donation

Business Name as you would like it to appear: _____