



COOKEVILLE REGIONAL
MEDICAL CENTER
CHARITABLE FOUNDATION

Proceeds to benefit
patient assistance funds
and charitable programs.



Golf Classic

AUGUST 15-16, 2024

Golden Eagle Golf Club
1500 Country Club Place
Cookeville TN 38501

Sponsors

Turner



FIRST HORIZON



COOKEVILLE REGIONAL
MEDICAL CENTER
It's the Way WeCARE



**GOLF START TIME GUARANTEED FOR
EARLY ENTRIES ONLY - PICK ONE OPTION**



GOLF OPTION I

THURSDAY, AUGUST 15, 2024

6:45 am - Registration
START TIME 8:00 am - SHOTGUN START



GOLF OPTION II

THURSDAY, AUGUST 15, 2024

11:00 am - Registration
START TIME 1:00 pm - SHOTGUN START



GOLF OPTION III

FRIDAY, AUGUST 16, 2024

6:45 am - Registration
START TIME 8:00 am - SHOTGUN START



GOLF OPTION IV

FRIDAY, AUGUST 16, 2024

11:00 am - Registration
START TIME 1:00 pm - SHOTGUN START

ENTRY FORM

Check the sponsorship of your choice

- EAGLE SPONSOR - \$5,000**
4 Teams of 4 Players - Any Flight
 - Birdie benefits plus unique course sign
- BIRDIE SPONSOR - \$2,500**
2 Teams of 4 Players - Any Flight
 - Logo on sponsor board and one tee sign
 - Recognition: CRMC Newsletter, and the Foundation website
- GREEN SPONSOR - \$1,000**
1 Team of 4 Players - Any Flight
 - Listing on sponsor board, one tee sign
- HOLE SPONSOR - \$500**
 - One tee sign

ENTRY INCLUDES:

Cart and Green Fees • Beverages • Hospitality Area • Golf Ball
Breakfast • Lunch & Snacks • Door Prizes • Tournament Gifts

Prizes & Awards

Closest to the Pin on all Par 3s • \$20,000 Hole in One

TEAM SCRAMBLE PRIZES AWARDED TO 1ST - 3RD PLACE FOR EACH ROUND

MULLIGAN PACKAGE \$20 PER PLAYER

One mulligan, three course game tickets.

Purchase the Mulligan Package the day of the event!

PUTTING CONTEST: Thursday and Friday qualifiers will be combined.

Contact Name: _____

E-Mail: _____

Company: _____

Address: _____

Phone: _____

City: _____

State: _____ Zip: _____

Golfer Name, Team 1: _____

Golfer Name, Team 1: _____

Golfer Name, Team 1: _____

Golfer Name, Team 1: _____

Golfer Name, Team 2: _____

Golfer Name, Team 2: _____

Golfer Name, Team 2: _____

Golfer Name, Team 2: _____

Golfer Name, Team 2: _____

MAIL ENTRY FORM AND PAYMENT TO:
CRMC Foundation

1 Medical Center Boulevard • Cookeville, Tennessee 38501

FOR QUESTIONS CALL: (931) 783-2003

FAX ENTRY FORM: (931) 783-2093

EMAIL ENTRY FORM: foundation@crmchealth.org

The Cookeville Regional Charitable Foundation is a 501c3 non-profit which assist patients with things like medication, transportation, nutrition, medical supplies, screening services and home expenses.