



**WELCOME TO KHEA'S
ANNUAL BENEFIT GOLF TOURNAMENT
"Swing for a Cause, Putt with Purpose"**

REGISTRATION FORM DEADLINE 6/13/2025

DATE: Wednesday, June 18, 2025
LOCATION: Salina Municipal Golf Course
2500 E. Crawford
Salina, KS
TIME: Registration 8:00 a.m.
Tee Time 9:00 a.m.

Green fees and cart rental for KHEA engineer members are \$75 per person; \$100 for all other hospital personnel. Green fees and cart rental for KHEA vendor members is \$125; non-member vendor rate is \$150 per person.

Depending on the number of participants, there will be 2 flights and prizes will be awarded for first and second place teams in each flight. Prizes will also be awarded for longest putt, longest drive, and closest to the pin. 1 mulligan ball is provided for each foursome.

A light breakfast will be provided prior to the tournament and all participants are welcome to share lunch with us after the tournament (please RSVP so we know how much food to provide). Each participant will also receive 2 complimentary drink tickets during play.

If you want to help support our event, you can do so by sponsoring a golf hole for \$100. If you are not much of a golfer, you can put a table on the course for \$125. Donations to help cover the cost of breakfast, lunch, and/or beverages on the golf course are also very much appreciated. Donations and/or hole sponsorships sent in prior to June 13 will receive special recognition at the course. All contributions will also be acknowledged in our quarterly newsletter.

Register Online at the link below:
<https://kheaks.com/meetinginfo.php>

If you have any questions please contact Gregg Freelove, gfreelove@swmedcenter.com, or Shane Meier, shane.meier@mynmchealth.org, or to get further details on how to sponsor.

Company/Hospital Name _____
Address _____ City _____ State _____ Zip _____
Phone _____

1. Name of Golfer _____
Email _____
3. Name of Golfer _____
Email _____

2. Name of Golfer _____
Email _____
4. Name of Golfer _____
Email _____

Number of golfers participating _____ Total amount paid for golfers \$ _____
I would like to sponsor _____ golf hole(s) at the tournament – Total paid for golf holes \$ _____
I would like to donate to help fund breakfast, lunch and/or beverages at the course \$ _____
RSVP FOR LUNCH FOLLOWING PLAY - _____ will attend
TOTAL ENCLOSED \$ _____

**Make your checks payable to KHEA and send them to the attention of KHEA at the Kansas Hospital Association, 215 SE 8th Ave.,
Topeka, KS, 66603.**

**PLEASE E-MAIL A DIGITAL COPY OF YOUR COMPANY LOGO FOR YOUR GOLF SIGN
to gfreelove@swmedcenter.com**

Indicate below the names of those you request to golf with so foursomes can be assigned prior to the event.

I request to golf with the following:
