A close-up of a logo

AI-generated content may be incorrect.

Alliance Community Hospital Auxiliary

Golf Outing

Friday, September 26, 2025

8:00 a.m. – 8:45 a.m. – Breakfast & Registration

 9:00 a.m. – Shotgun Start

Pleasant View Golf Club

14605 Louisville St. N.E., Paris, OH 44669

**Sponsorship Opportunities:**

* $2,500 Gold Title Sponsor Includes foursome, hole sponsor, opportunity to provide marketing

materials, logo on signage, and the opportunity to speak at lunch.

* $1,500 Silver Team Sponsor Includes foursome, hole sponsor, logo on signage, and opportunity

to provide marketing materials.

* $1,000 Bronze Team Sponsor Includes foursome, hole sponsor, and logo on signage
* $ 500 Munchy Mobile Sponsor Provides soft drinks and snacks to players. Includes hole sponsor,

(Two Available) logo on Munchie Counter, and logo on signage.

* $ 100 Hole Sponsor Name and logo displayed on the course.

**Golf Registration:**

* $400 Foursome Registration Includes 18 holes of golf, cart, and dinner
* $100 Individual Registration Includes 18 holes of golf, cart, and dinner (We will pair you with a team)

Please send logo for signage to [connie.jones@aultman.com](mailto:connie.jones@aultman.com).

**Donation:** I’d like to make a donation of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Alliance Community Hospital Auxiliary.

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AI-generated content may be incorrect.**Payment Methods:**

* Enclosed is a check payable to **Alliance Community Hospital Auxiliary**
* Pay or Register Online by scanning the QR Code or visit:

<https://app.eventcaddy.com/events/alliance-community-hospital-auxiliary-golf-outing>

**NOTE: Information must be completed below:**

Company Name (for sponsor listing):

Team Name (for program listing):

Captain Name:

Address:

Email:

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

Player 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player 4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If players are not finalized yet, please email* [*Connie.Jones@aultman.com*](mailto:Connie.Jones@aultman.com) *once confirmed.*