

Sponsorship Levels

\$10,000 – PLATINUM SPONSOR

- 2 tournament teams (8 players)
- sponsor logo will be placed on sign at registration area and on individual score cards
- sponsor logo will be placed on selected tournament advertising materials
- sponsor will be mentioned in press release

\$5,000 – GOLD SPONSOR

- 1 tournament team (4 players)
- sponsor logo will be placed on sign at registration area

\$3,000 – HOLE SPONSOR

- 2 tournament players
- sponsor logo will be placed on sign at registration area and tee box

\$2,500 – SILVER SPONSOR

- 2 tournament players
- sponsor logo will be placed on sign at registration area

\$1,500 – HOLE SPONSOR, GREEN OR TEE

- 1 tournament player
- sponsor logo will be placed on sign at registration area and at tee box

\$1,000 – BRONZE SPONSOR

- 1 tournament player
- sponsor logo will be placed on sign at registration area

\$500 – HOLE SPONSOR, SHARE A HOLE

- sponsor will be listed on sign at tee box

\$250 – CART SPONSOR

- sponsor name displayed on cart

If you receive a duplicate copy,
please pass one along to a friend.



Medical Staff Services
2800 Clay Edwards Drive
North Kansas City, MO
64116-3220



Tournament Information and Entry Form

Saturday, Sept. 18, 2010
Paradise Pointe Golf Complex

*benefits Assistance League of Kansas City,
Concerned Care and
Northland Assistance Center*



SPONSORS:

The Medical Staff
of
North Kansas City Hospital



Join us for the 18th annual Chip In For Charity Open on Sept. 18!

- Try to win thousands of dollars in prizes and gifts.
- Compete in on-course contests.
- Receive an incredible tee pack.
- Be one of 100 golfers to receive gift certificates. A total of \$8,000 will be awarded in certificates.
- Play on the scenic Paradise Pointe Golf Complex at Smithville Lake.
- Help the community by helping three valuable charities.



Paradise Pointe Golf Complex Smithville, Mo. (816) 532-4100

From downtown Kansas City, take Broadway Extension to North 169 Highway. Take 169 North through Smithville, Mo., to 180th Street. Go right on 180th Street to Paradise Pointe Golf Complex.

Prizes and Gifts

Players receive an incredible tee pack and a free lunch at the course.

The **Chip In For Charity Open** also features fantastic prizes! The tournament will award \$8,000 in tournament gift certificates to 100 players. In addition, the tournament will offer prizes for numerous contests including longest drive and hole-in-one contests on all par-three holes.

Players may call North Kansas City Hospital Medical Staff Services, **(816) 691-2050**, beginning Sept. 20 to inquire about team standings in the tournament and results of on-course events, or they may log on to www.nkch.org and click on the "Chip In" link. Gift certificates will be mailed to the top finishers, and winners of on-course events can make arrangements to pick up their prizes from the Medical Staff Services office.

Recipients of Tournament Proceeds

Assistance League of Kansas City is an all-volunteer organization that provides school clothing, backpacks, school supplies and other necessities for children in need, teaches practical skills to kids home alone, gives teddy bears to children in hospitals, offers clothing to women who are victims of assault, and supports seniors in area nursing homes through social activities.

Concerned Care serves Clay County adults with developmental disabilities through six group homes (for 24/7 care); apartment programs (with close monitoring and daily teaching); and a community support program to give intermittent help as needed.

Tournament Format

- 4-person scramble, 5 flites, 72-team field
- Registration is at 6 a.m. Shotgun start at 7 a.m. and 1:30 p.m.
- A catered barbecue is from noon-2 p.m. in the banquet room.
- In case of inclement weather, prizes will be awarded by draw and winners will be notified by phone. No money will be returned. Each player will receive a rain check redeemable for 18-holes and a cart at Paradise Pointe.

Entry

Entry fees for the **Chip In For Charity Open** are \$200* per player or \$800 per 4-person team. Singles will be matched with teams by draw. Players must be at least 16 years old. **Make all checks payable to NKCH Chip In For Charity Open or use a credit card.** Registrations cannot be accepted without payment. No telephone registrations.

Send payment and entry form to:
North Kansas City Hospital Medical Staff Services
2800 Clay Edwards Drive
North Kansas City, MO 64116-3220
Or, fax it to (816) 691-2052 with credit card information.

Please call the North Kansas City Hospital Medical Staff Services at (816) 691-2050 if you need additional information. **Entry deadline is Aug. 16, 2010. There will be a \$75 forfeit fee for cancellations after Aug. 27. The full entry fee will be forfeited for cancellations after Sept. 3.**

**Your Chip In entry fee is not tax deductible. Contributions in addition to your entry fee may be deductible in accordance with IRS regulations.*

The organization also provides therapeutic recreation programs for youth and adults including camps, sports, life and social skills, Special Olympics training, day trips and outings.

Northland Assistance Center, a faith-based 501C3 organization, provides emergency assistance and case management services to the neediest families in Clay and Platte counties. In total, 25 churches as well as individuals, foundations and community-based organizations support the Center's work, which serves over 2,500 clients annually. The Center assists qualified persons with food, financial needs and temporary lodging plus support to move from social assistance to financial independence.

PLAYER ENTRY FORM

Please complete this form and the Payment Form below. **Return them with payment by Aug. 16, 2010.** Registration will not be accepted without payment. Players must be at least 16 years old. No telephone registrations can be accepted. For more information, call North Kansas City Hospital Medical Staff Services at (816) 691-2050.

Player #1 (Mr. or Ms. or Dr.) Name: _____

Mailing Address: _____

Daytime Telephone: () _____ Tee times awarded on a first-come, first-served basis. Your preference of tee time: ___ 7 a.m. ___ 1:30 p.m.

Player #2 (Mr. or Ms. or Dr.) Name: _____

Mailing Address: _____

Daytime Telephone: () _____ Tee times awarded on a first-come, first-served basis. Your preference of tee time: ___ 7 a.m. ___ 1:30 p.m.

Player #3 (Mr. or Ms. or Dr.) Name: _____

Mailing Address: _____

Daytime Telephone: () _____ Tee times awarded on a first-come, first-served basis. Your preference of tee time: ___ 7 a.m. ___ 1:30 p.m.

Player #4 (Mr. or Ms. or Dr.) Name: _____

Mailing Address: _____

Daytime Telephone: () _____ Tee times awarded on a first-come, first-served basis. Your preference of tee time: ___ 7 a.m. ___ 1:30 p.m.

SPONSOR ENTRY FORM

Please complete this form and the Payment Form below. **Return them with payment by Aug. 16, 2010**, in order to assure you receive acknowledgment of your sponsorship. Sponsorship is not confirmed until payment is received. Sponsorship levels and accompanying amenities are listed in this brochure. For additional information on **sponsorship only**, call Carolyn Ehlers at (816) 691-5237. For all other questions, call (816) 691-2050. For Platinum, Gold, Silver or Bronze Sponsor, or if you purchased a \$1,500 or \$3,000 Hole Sponsorship, please complete the Player Entry Form above.

Name of Company (for printed materials): _____ Amount of Sponsorship: \$ _____

Name of Representative: _____ Daytime Telephone: () _____

Mailing Address: _____

PAYMENT FORM

My check or credit card information is enclosed for the following (please mark all that apply):

- Player.** (Entry forms may be faxed to 816-691-2052 with credit card information.) \$ _____
- Donation.** I cannot attend the tournament, but I would like to make a donation in the amount of \$ _____.
- Sponsorship.** (Sponsor forms may be faxed to 816-691-2052 with credit card information.) \$ _____

If paying by check: Make checks payable to NKCH Chip In For Charity Open and mail with entry form to: NKCH Chip In For Charity Open, Medical Staff Services, 2800 Clay Edwards Drive, North Kansas City, MO 64116-3220.

If paying by credit card: circle choice: MasterCard Visa Discover Am Ex Other _____
Cardholder's billing zip code _____ Cardholder's name (please print) _____

signature _____ card number _____ expiration date _____

Total amount: \$ _____

ATTENTION SENIOR PLAYERS

- Senior: players age 60 and older.
- Seniors tee off from the white tees.
- Seniors participate in the On-Course Senior Events.

Check here if you plan to play as a Senior Player.

Please state your date of birth:

____ / ____ / ____
(mo.) (day) (yr.)