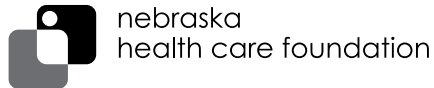


**BGT-W**



3900 NW 12th St Ste 100  
Lincoln NE 68521-3037



# **2011 Nebraska Health Care Foundation Benefit Golf Tournament**

**Crooked Creek Golf Course, 134th & East O Street, Lincoln, Nebraska  
Monday, September 12, 2011**



**4-Person Texas Scramble  
7:45 a.m. Registration – 9 a.m. Shotgun Start**

***Participate in the Golf Tournament and help support scholarships for long term care!***

# 2011 NEBRASKA HEALTH CARE FOUNDATION BENEFIT GOLF TOURNAMENT

The Nebraska Health Care Association/Nebraska Assisted Living Association Annual Convention will be held Sept. 12-15, 2011, in Lincoln. The Nebraska Health Care Foundation Benefit Golf Tournament will kick off the convention and raise funds for long term care scholarships. The four-person Texas Scramble tournament will take place at the Crooked Creek Golf Course, Lincoln, on Monday, Sept. 12, with a 9 a.m. shotgun start. An informal awards lunch will follow the tournament.

## SIGN UP TO SPONSOR

The tournament provides an excellent opportunity for companies that market to the long term care profession to network with key decision makers. By serving as a tournament sponsor, your organization will be supporting the future of long term care in Nebraska. Sponsorships are sold on a first-come basis.

Sponsorship opportunities are detailed on the Sponsorship Agreement Form. Return the completed form by mail or fax to the Nebraska Health Care Foundation.

Sponsors receive recognition in pre-convention materials, information packets distributed at convention, the convention book and membership directory, and throughout the tournament. Commit to sponsoring a portion of this year's tournament today and your company will begin to receive recognition in pre-event promotional mailings and newsletters.

Contributions of both cash and prizes are needed. There is no required minimum value per item or package but please consider the fundraising nature of the event when contributing a prize.

## SIGN UP TO PLAY

Complete and return the golf tournament registration form.

### Golf registration fee includes:

- Green fees and cart
- Continental breakfast
- Lunch
- Beverage cart
- Range balls and putting green
- One raffle ticket, providing one of many chances to win a prize

Individual – not team – mulligans are available for purchase. Flag, flight and Par 3 prizes will be awarded. Look for new, additional opportunities this year!

## GIFTS ACROSS NEBRASKA SILENT AUCTION

Golfers will have a chance to bid early on select Gifts Across Nebraska Silent Auction items. With its array of Nebraska-themed baskets, packages and items, the auction is a highlight



of the NHCA/NALA Annual Convention. Bidding begins online at [www.nehca.org](http://www.nehca.org). Online bidding ends at 4:00 p.m. central time on Friday, Sept. 9. The highest of the online bids become the beginning bids for select items at the golf tournament. The highest of the golf tournament bids for these select items become the beginning bids for the onsite silent auction at the NHCA/NALA Annual Convention. The auction ends at 12:15 p.m. on Wednesday, Sept. 14, at The Cornhusker.

## NEBRASKA HEALTH CARE FOUNDATION

Quality long term care requires quality, well-trained staff. Through nursing, dietary, nursing home administrator, and assisted living administrator scholarships, the Foundation and supporters like you are preparing for the future of long term care in Nebraska. NHCF is a 501(c)3 tax-exempt organization.

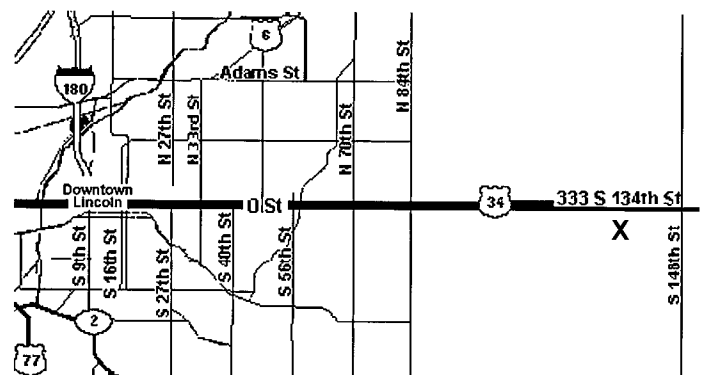
## HOW TO GET TO THE COURSE:

**Address:** Crooked Creek Golf Course  
333 South 134th Street, Lincoln, Nebraska

**Phone:** 402-489-7899

### Directions From Downtown Lincoln:

Take O Street (US-34) east to 134th Street, turn right (south), and go south for 0.3 miles to 333 South 134th Street.



# REGISTRATION FORM

## 2011 NEBRASKA HEALTH CARE FOUNDATION (NHCF) BENEFIT GOLF TOURNAMENT

Monday, Sept. 12, 2011 – Crooked Creek Golf Course, Lincoln, Neb.

(Please type or print clearly)

1. NAME \_\_\_\_\_

FACILITY/COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PLEASE ENCLOSE \$105 PER PERSON REGISTRATION FEE. NHCF WILL NOT BILL.**

Registration fees must be paid in advance and must accompany the registration form. Fee includes one raffle ticket.

**Checks Payable to Nebraska Health Care Foundation**

### OTHER TEAM MEMBERS (NHCF can help put teams together):

2. NAME \_\_\_\_\_  
Facility/Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Enclose \$105  
per person  
registration fee**

3. NAME \_\_\_\_\_  
Facility/Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Enclose \$105  
per person  
registration fee**

4. NAME \_\_\_\_\_  
Facility/Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Enclose \$105  
per person  
registration fee**

**TEAM NAME** \_\_\_\_\_

**Billing Information:**  Check Enclosed  
 Credit Card ↓

Cardholder's Name (PRINT) \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Security Code on Card Back \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder's Billing Address, City, State, Zip \_\_\_\_\_  
Cardholder's E-mail \_\_\_\_\_  
Signature \_\_\_\_\_

Your signature on the line above will authorize this transaction. ↑

**KEEP A COPY OF THE  
REGISTRATION FORM FOR YOUR RECORDS.**

**Mail payment and registration form to:  
NEBRASKA HEALTH CARE FOUNDATION**

3900 NW 12th Street, Suite 100  
Lincoln NE 68521-3037

**If paying by credit card, you may fax  
this form to 402-475-6289**

**Golf Tournament Registration Deadline:  
August 26, 2011**

Sponsorships, the value of items donated, and a portion  
of your registration fee may be tax deductible.

(For NHCA Office Use Only: ACCT ID \_\_\_\_\_)

# SPONSORSHIP AGREEMENT

## 2011 NEBRASKA HEALTH CARE FOUNDATION BENEFIT GOLF TOURNAMENT

### Crooked Creek Golf Course – Lincoln, Nebraska – September 12, 2011

COMMERCIAL SUPPORTER \_\_\_\_\_  
(Company/Individual Name)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

**The above named company/person agrees to provide the following support to the NHCF Benefit Golf Tournament:**

\_\_\_\_\_ **Flight Prizes** – For \$1500 you will be recognized at the Awards Luncheon. Prizes will be awarded to teams in the men’s, women’s, and co-ed divisions.

\_\_\_\_\_ **Lunch Sponsorship** – For \$1500 you will be recognized as the sponsor of the lunch to be served at the Awards Luncheon.

\_\_\_\_\_ **Hole Sponsorship** – For \$200 you will receive signage at the hole. *(Multiple Sponsors)*

\_\_\_\_\_ **Par 3 Sponsorship** – For \$500 you receive signage at the contest hole. *(Four Sponsors)*

\_\_\_\_\_ **Putting Contest** – For \$500 you will be recognized as the sponsor of the putting contest. The sponsor will provide a company representative for the contest.

\_\_\_\_\_ **Breakfast Sponsorship** – For \$400 you will be recognized as the sponsor of the breakfast to be served during registration. *(Multiple Sponsors)*

\_\_\_\_\_ **Beverage Cart Sponsorship** – For \$400 you will receive recognition as a tournament sponsor. *(Multiple Sponsors)*

\_\_\_\_\_ **Range Balls Sponsorship** – For \$250 you will receive recognition as a tournament sponsor. *(Multiple Sponsors)*

\_\_\_\_\_ **Flag Prize Sponsorship** – Your donation will earn your company recognition as a tournament sponsor. *(Multiple Sponsors)*  
 List item(s) or dollar amount to be donated:

\_\_\_\_\_ **Raffle and/or Gifts Across Nebraska Silent Auction** item/package contributor *(Multiple Sponsors)*  
 Fair market value of item or package: \_\_\_\_\_

\_\_\_\_\_ **Scholarship Fund Sponsors** – Your donation will provide scholarships for qualified students pursuing education in long term care professions. *(Multiple Sponsors)*  
 \_\_\_\_\_ \$1,000    \_\_\_\_\_ \$750    \_\_\_\_\_ \$500    \_\_\_\_\_ \$250    \_\_\_\_\_ \$100    \_\_\_\_\_ \$50

**Sponsors receive recognition in pre-convention materials, information packets distributed at convention, the convention book and membership directory, and throughout the tournament. Commit to sponsoring a portion of this year’s tournament today and your company will begin to receive recognition in pre-event promotional mailings and newsletters.**

The Commercial Supporter agrees to provide payment and/or deliver product to the Nebraska Health Care Foundation, 3900 NW 12th Street, Suite 100, Lincoln, NE 68521-3037 **no later than Aug. 26, 2011.** Checks should be made payable to the Nebraska Health Care Foundation. Questions? Call Tracy Rathe at the Nebraska Health Care Association at 402-435-3551 or email TracyR@nehca.org.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

*Mail or fax this form to:*

**Nebraska Health Care Foundation, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037**  
**Fax 402-475-6289    Phone 402-435-3551**