

7th Annual SACMC Golf Tournament



Tuesday, **9 April**, 2024

Shark's Tooth Golf Club

2003 Wild Heron Way, PCB, FL 32413

DATE CHANGE

9 April 2024

NO LONGER

26 March 2024

St. Andrew Community Medical Center, Inc.



Sponsorship Opportunities:

Gold Level [\$5,000] (Includes 1 or 2 Foursome Teams)

Silver Level [\$2,000] (Includes 1 Foursome Team)

Special Friends of the Tournament [\$1,000]

Hole Sponsor [\$500] (Includes Full-Color Sign)

Donate Prizes and Auction Items

Call/Text/Email: *Ace Summey (850) 814-7295, acesummey@gmail.com*

Tournament Limited to a Maximum of 25 Teams

1st Hole-In-One on Hole #5 Wins a New Car!

Details: Registration (7:15), Deluxe Buffet Breakfast (7:30), Shotgun Start (9:00), Awards Luncheon (1:30), Prizes to Top 4 Teams, Captain's Choice [Handicapped], Closest to Pin Holes, Long Drive Hole, Mulligans [\$10 each], Range Balls.

Proceeds Support SACMC – SACMC is a non-profit 501(c)3 Clinic providing free primary health care to Bay County citizens with no medical insurance and incomes at/below 200% of the federal poverty level. 70 volunteers (includes 38 licensed medical providers) delivered more than \$7M of free care and medications to patients in the last 12 months. Donate: Go online to www.sacmc.org and click on donate tab, or mail a check to St. Andrew Community Medical Center, 3101B Highway 98 West, Panama City, FL 32401.



St. Andrew Community Medical Center Golf Tournament

Commitment Sheet and Team Roster with Handicaps

Sponsor Options (Check Appropriate Sponsorship Level)

- Gold Sponsor (\$5,000 minimum) – Includes 1 or 2 Foursomes
- Silver Sponsor (\$2,000 minimum) – Includes 1 Foursome
- Special Friends of The Tournament (\$1,000)
- Hole Sponsor (\$500) – Includes Sign on Tee-Box for one of the 18 Holes
- Donate a Prize or Auction Item

Points of Contact

Ace Summey:	(850) 814-7295
	acesummey@gmail.com
David Vickers	(850) 832-9583
Ricky Miller	(850) 832-0069
Cathy Williams	(850) 814-7179
Linda Self	(850) 527-0303
Bill Self	(850) 527-0301

[Call, Email, or Text for more information]

Name: _____

Address: _____

Contact Info: Phone _____ Email _____

Make Checks Payable to:
St. Andrew Community Medical Center, Inc.
3101-B Highway 98 West
Panama City, FL 32401

Foursome Member Names	Handicap
1.	
2.	
3.	
4.	

Team Point of Contact (POC): _____

Cell #: _____ Email: _____

[used for tournament updates or changes]