

## Benefits

Proceeds from the Tournament go directly to help residents of Mississippi's nursing homes.

From the 2017 Mississippi Health Care Foundation Tournament, residents received both medical and personal items they otherwise could not have had: dentures, eyeglasses, hearing aids, and other similar necessities.

Additionally MHCF sponsored a "Paris-City of Lights" Convention which drew over 381 residents and accompanying staff from all over the state to the Trade Mart in Jackson. Participants won prizes for talent, Bingo, and arts and crafts.



2018 marks the 14th year of the Tournament in memory of **Denver Northrip**, who was involved in the long term care profession for many years. He became a nursing home administrator in 1974, and in 1978 Northrip became the owner of Senatobia Convalescent Center. He served on the Board of Directors of the Mississippi Health Care Association (MHCA) as well as numerous MHCA committees. Colleagues and friends are pleased to honor his memory with this benefit golf tournament.

Affiliated with Mississippi Health Care Association, MHCF is a non-profit 501(c)(3) charitable organization, established to enhance the lives of residents in Mississippi's long term care facilities.

**Questions? Call 601-898-8320**

**Visit [www.mshca.com/foundation](http://www.mshca.com/foundation) for more Foundation information or to contribute.**



MISSISSIPPI HEALTH CARE  
FOUNDATION

# 2018 Annual Benefit Scramble Golf Tournament

*In memory of Denver Northrip*

MAY 10, 2018

LAKE CAROLINE GOLF CLUB  
118 CAROLINE CLUB DRIVE  
MADISON, MISSISSIPPI



MISSISSIPPI HEALTH CARE  
FOUNDATION

303 Brame Road  
Ridgeland, MS 39157



MISSISSIPPI HEALTH CARE FOUNDATION

# Golf Tournament

MAY 10, 2018

LAKE CAROLINE GOLF CLUB  
MADISON, MISSISSIPPI

**9:00 - 10:00 a.m. Registration**  
**10:00 a.m. Tee Time - Shotgun Start**

**Please register early!**

**Registration ends on April 13, 2018**

- Open to all men and women.
- Entry fee includes green fees, cart rental, buffet lunch, and other refreshments.
- You may enter your own team, or the tournament committee will organize teams.
- The field is limited to 88 players.
- **Prizes to be awarded include 1st, 2nd and 3rd place teams, closest to the pin, longest drive, and putting contest.**
- Golf carts will only be available for players, beer/snack carts, and tournament/golf course staff.

## Mulligans...

will be for sale before tee-off for \$10 each, with a limit of four – two for the front 9 holes and two for the back 9 holes. While you're on the course, you may buy additional mulligans for \$20 each from beverage cart drivers.



## Registration

Please check individual or team.

Individual Entry Fee \$125  
(\$150 On Site)

4-Player Team Entry Fee \$500  
(\$600 On Site)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## Sponsorship

Several Sponsorship opportunities are available. Please check the item(s) you would like to Sponsor.

- \_\_\_\_\_ SOLD \_\_\_\_\_ Main Event Sponsor \$2,500
- \_\_\_\_\_ \$1,000 • Event Sponsor ( 4 available )
- \_\_\_\_\_ \$1,000 • Hole in One Sponsor
- \_\_\_\_\_ \$500 • Lunch Sponsor ( 3 available )
- \_\_\_\_\_ \$500 • Beverage/Snack Cart Sponsor ( 3 available )
- \_\_\_\_\_ \$500 • Closest to Pin Sponsor
- \_\_\_\_\_ \$500 • Longest Drive Sponsor
- \_\_\_\_\_ SOLD \_\_\_\_\_ Putting Contest Sponsor

### Name for Signage

### Payment Information

\_\_\_\_\_ Number of Individual Registration Fees  
\_\_\_\_\_ Number of 4-Player Team Registration Fees  
\_\_\_\_\_ Sponsorship (as indicated above)

### TOTAL PAYMENT

### Method of Payment

\_\_\_\_\_ Check (Make payable to: Mississippi Health Care Foundation)  
\_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card # \_\_\_\_\_

3 digit UV Code \_\_\_\_\_ Expiration \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

### Please Note:

Individual or 4-Player Team Registration and Sponsorship information must be received by April 13, 2018.

**Please complete and mail, fax or scan to:**

Mississippi Health Care Foundation  
303 Brame Road, Ridgeland, MS 39157  
Fax 601-898-8341

**Questions? Call 601-898-8320 or email [businessoffice@mshca.com](mailto:businessoffice@mshca.com)**