

# 2008 Kansas Health Care Association Kansas Center For Assisted Living Golf Classic

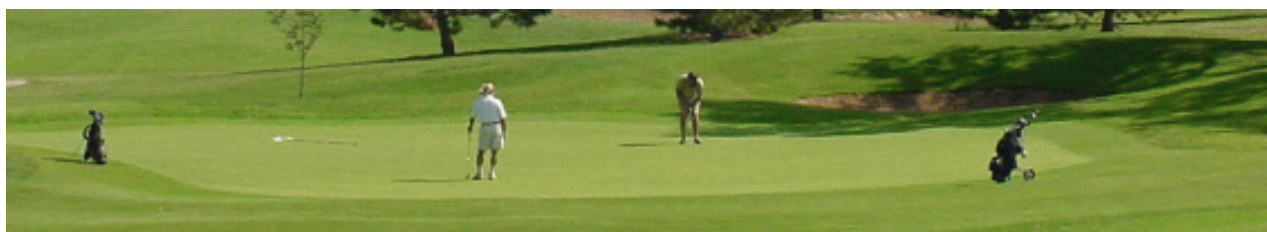
Auburn Hill Golf Course – Wichita, Kansas  
Wednesday, September 24, 2008 @ 1 PM  
Lunch @ 11:30 am

## Kick off the 2008 Annual Convention with a fun day of GOLF!!

This year's event will have the same 4-person scramble format. Prizes will be awarded. Mulligans will be available. Registration fee includes lunch, green fees, and golf cart.

### Sponsorships Available!!

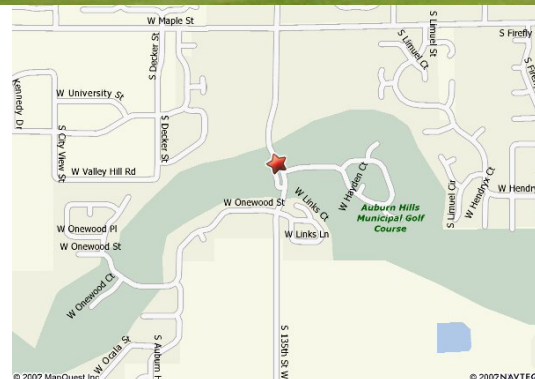
For more information contact:  
Cindy Luxem – KHCA/KCAL President (785) 267-6003



Directions to Auburn Hills Golf Course - (316) 219-9700  
<http://www.golfwichita.com/courses/AuburnHills/>

From Topeka

Take I-335 S/Kansas Turnpike toward Emporia/Wichita, continue to follow Kansas Turnpike. Take exit 50 to merge onto E Kellogg Ave/US-400 W/US-54 W. Turn right at S 135<sup>th</sup> St W.





Wednesday  
 September 24, 2008  
 Auburn Hills-Wichita  
 1:00 pm

Lunch starting at  
 11:30 am

**Association Golf Classic  
 Player and Sponsor Form**

**Company:** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Deadline: September 17, 2008**

<p><b>Team Captain</b>          Name: _____          Address: _____          Phone: _____</p>	<p><b>Player #2</b>          Name: _____          Address: _____          Phone: _____</p>
<p><b>Player #3</b>          Name: _____          Address: _____          Phone: _____</p>	<p><b>Player #4</b>          Name: _____          Address: _____          Phone: _____</p>

**Fees: \$400.00 per team** (Team Captain will be responsible for team fee)  
**Or \$125 per individual golfer**

Sponsorship Opportunities (check all that apply)

<b>Hole Sponsor</b>	_____	\$150
<b>Beverage Cart</b>	_____	\$500 (includes two golfers)
<b>Lunch sponsor</b>	_____	\$ 1000 (includes one team)

If your Company has prizes to donate please let us know.

Check \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_  
 Card Number \_\_\_\_\_ Exp: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Please indicate the amount enclosed or to be charged \$ \_\_\_\_\_

**Makes checks payable to: *Kansas Health Care Association***  
**Mail entry form along with check to: KHCA, 117 SW 6<sup>th</sup> Ave Suite 200, Topeka, KS 66603**  
 Questions?? Cindy Luxem (785) 267-6003