

# THANK YOU

from Compass Health  
Network!

Event proceeds will be  
used to cover the cost of  
care for the uninsured in  
our community.



 Compass Health  
Network  
**CHIP IN 4**  
**CHARITY**  
Golf Tournament

Compass Health Network  
Attn: Denise Risch  
111 Mexico Court  
St. Peters, MO 63376

Chip In 4 Charity  
Golf Tournament  
<https://compasshealthnetwork.org/upcoming-events/>



Monday  
**June 17<sup>th</sup> 2024**

Creekmoor Golf Club  
Raymore, MO



**Monday, June 17, 2024**

**8:00 AM**—Light breakfast and flight registration at the Creekmoor Clubhouse

**9:00 AM**—Shot-gun start  
\$500 per team or \$125 per individual

- Lunch and award ceremony immediately following the tournament
- Live scoring app
- Flight prizes

**GOLFERS RECEIVE:**

- ♦ Commemorative Golf Polo
- ♦ Player Gift

**PARTNERSHIP OPPORTUNITIES AVAILABLE!**

Help us make a difference in the lives of others by becoming a partner. Contact Kristen Blevins at  
**573.234.2015 or**  
**kblevins@compasshn.org**

# CHIP IN 4 CHARITY Golf Tournament

**Reservations/Payment:**

**4-person golf team \$500:** \_\_\_\_\_

**Individual \$125:** \_\_\_\_\_

**Corporate Team Partnership \$700:** \_\_\_\_\_

**Game Package: (Includes Mulligans, Poker Run & Dustin Johnson Hole-\$70 value)**

**\$50.00 Per Team:** \_\_\_\_\_

**TOTAL AMOUNT DUE:** \_\_\_\_\_

**To pay via credit or debit card  
please call 1.636.332.2184**

**Signature:** \_\_\_\_\_

**Questions/Mail Payment To:**

Compass Health Network  
Attn: Denise Risch  
111 Mexico Court  
St. Peters, MO 63376

Checks payable to:  
Compass Health Network

**Online Registration:**

<https://compasshealthnetwork.org/upcoming-events/>

**Captain:** \_\_\_\_\_

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

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Polo Shirt Size** (men's or women's) \_\_\_\_\_

**Golfer 2:** \_\_\_\_\_

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

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Polo Shirt Size** (men's or women's) \_\_\_\_\_

**Golfer 3:** \_\_\_\_\_

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

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Polo Shirt Size** (men's or women's) \_\_\_\_\_

**Golfer 4:** \_\_\_\_\_

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

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Polo Shirt Size** (men's or women's) \_\_\_\_\_