

Golfer Information

Individual Golfer: \$275

Early Bird Foursome at \$1,000 (Register by May 14)

Foursome at \$1,100 (Register May 15 - June 18)

Team Name: _____

Golfer #1

Name: _____ HCP: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Company: _____

Golfer #2

Name: _____ HCP: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Company: _____

Golfer #3

Name: _____ HCP: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Company: _____

Golfer #4

Name: _____ HCP: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Company: _____

If you have additional teams, please attach golfer information.



Your Health & Safety are Our Top Priority

The Cooper Foundation & Ramblewood Country Club have worked diligently to create a safe environment for this event in adherence with state COVID-19 guidelines.

This event will follow all applicable social distancing guidelines and we ask all attending to wear a mask.

To register for this event online, please visit:
foundation.cooperhealth.org/get-involved/cooper-cup

For additional event information, please contact:
Tara Elk at elk-tara@cooperhealth.edu.



The Cooper Foundation

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cooper-foundation@cooperhealth.edu

foundation.cooperhealth.org



**SWING TO SUPPORT
MEN'S HEALTH**
at Cooper University Health Care

18 Hole Golf Outing

Monday, June 28, 2021

**Ramblewood Country Club
Mount Laurel, NJ**



2021 COOPER CUP

SWING TO SUPPORT MEN'S HEALTH AT

 Cooper University Health Care

The Cooper Foundation is hosting its inaugural Cooper Cup Golf Outing in support of Men's Health Services at Cooper University Health Care. June is National Men's Health Month, to raise awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

Please join us

Monday, June 28, 2021

Ramblewood Country Club

200 Country Club Pkwy, Mt Laurel, NJ 08054

Event Schedule

8:00 AM Registration & Breakfast

9:00 AM Shot Gun Start

2:00 PM - 4:00 PM Cocktail Reception

Registration

\$275 per Golfer

\$1,000 per Early Bird Foursome (Register by May 14)

\$1,100 per Foursome (Register May 15 - June 18)

Registration for the Cooper Cup closes June 18, 2021.

Registration fees include:

Golf, golf cart set-up, bag drop services, appreciation gift, contest for Closest to the Pin & Longest Drive, breakfast sandwiches during registration, boxed lunch, boxed dinner & two hour full open bar.

Proceeds

Proceeds from the Cooper Cup will support education, screenings and treatments provided through men's health services.

Sponsorship Opportunities

- Eagle Sponsor** **\$10,000**
Eight golfers, four additional cocktail reception only tickets, Name/Logo prominently displayed at event. Name/Logo on Website & Social Media. Two hole signs.
- Cocktail Reception Sponsor** **\$7,500**
Six golfers, three additional cocktail reception only tickets, Name/Logo prominently displayed at cocktail reception and event. Name/Logo on Website & Social Media. Two hole signs.
- Birdie Sponsor** **\$5,000**
Four golfers, two additional cocktail reception tickets, Name/Logo prominently displayed at event. Name/Logo on Website & Social Media. One hole sign.
- Golf Cart Sponsor** **\$2,500**
Two golfers, signage on all golf carts, Name/Logo on Website.
- Beverage Cart Sponsor** **\$1,500**
Two golfers, signage on beverage cart, Name/Logo on Website.
- Closest to the Pin Sponsor** **\$250**
Sign at the Closest to the Pin contest & winner's prize.
- Longest Drive Sponsor** **\$250**
Sign at the Longest Drive contest & winner's prize.
- Hole Sponsor** **\$150**
Sign on a tee/green.

Additional Information

For additional event information, please contact:
Tara Elk at elk-tara@cooperhealth.edu.

Event Registration

- _____ Golfer(s) at \$275 each
- _____ Early Bird Foursome at \$1,000 (Register by May 14)
- _____ Foursome at \$1,100 (Register May 15 - June 18)
- _____ Ticket(s) for Cocktail Reception only at \$75 each

Sponsorship Registration

I/My Company _____
Your Name / Your Company's Name
would like to be a _____ sponsor.
Name of Sponsorship

Make a Donation

I am unable to attend but would like to make a donation of

- \$50 \$100 \$500 Other \$ _____
to support Men's Health services at Cooper.

Payment

- Check** (Made payable to The Cooper Foundation)
 - Credit Card** Visa Mastercard Amex Discover
- Card Number: _____
Charge Amount: _____
Security Number: _____ Exp. Date: _____
Name on Card: _____
Signature: _____
- Payroll Deduction** (Cooper Employees Only)
- Employee Name: _____
Signature: _____