









Partners For Medical Relief

Change the life of a child at risk in Belize Partnersformedicalrelief.org



M O N D A Y 09.29.25

11:30 Lunch and Putt Practice. 12:30 Shot Gun Start

Register by this form or go online at PartnersForMedicalRelief.org

MAKE A DIFFERENCE IN BELIZE ONE ROUND AT A TIME

Join us for the Belize Golf Outing on September 29, 2025 at Blue Ash Golf Course, and help transform the life of a child at risk by playing or by making a financial contribution.

ABOUT THE COURSE:

Rated among the top 75 municipal courses by Golf Digest, Blue Ash offers a premier 18-hole, 6,800-yard, par-72 layout. Recently, the Course was proven again as a favorite public course within the Cincinnati area as it was chosen as the "reader's pick" by the Cincinnati-based magazine City Beat, as well as by the readers of Cincinnati Magazine as the favorite course.

WHY IT MATTERS:

This event raises nearly \$25,000 annually to support surgical, medical, and educational missions to Belize. Proceeds fund partial scholarships for volunteers, medical supplies, and life changing surgeries for children.

ADD IMPACT:

A \$350 hole sponsorship can fund a year of high school for a Belizean student or provide materials to build a home for a family in crisis.

Donations can be made at PartnersForMedicalRelief.org



| REGISTRATION FORM I have a team of four. Match me with (specify team or person): | | | | |
|--|---|---|---|--|
| CONTACT INFORMATION | | | | |
| Name: | | | | |
| Cell: | Email: | | | |
| Addr | Address: | | | |
| YOUR TEAM | | | | |
| Player #1: | | | | |
| Player #2: | | | | |
| Player #3: | | | | |
| Player #4: | | | | |
| | MENT SPONSORSH Hole-in-One Sponsor Albatross Sponsor Eagle Sponsor Birdie Sponsor Par Sponsor Foursome Individual DITIONAL SPONSOR Hole Sponsor \$350 per cl Name(s) of child/children | \$10,000 \$5,000 \$2,500 \$1,500 \$750 \$700 \$175 SHIP OF | (includes up to 12 golfers complimentary) (includes up to 8 golfers complimentary) (includes up to 6 golfers complimentary) (includes up to 4 golfers complimentary) (includes up to 2 golfers complimentary) | |
| PAYMENT OPTIONS I am sending a paper registration in and will donate to match the registration with a | | | | |
| | credit card at partnersformedicalrelief.org | | | |
| | I will send a check this week to Partners for Medical Relief P.O. Box 43254 Cincinnati, OH 45243 | | | |
| | Or - Please bill me at this address: | | | |
| | or register totally online at partnersformedical relief.org | | | |