

WHAT IS HEMOPHILIA?

Hemophilia is a bleeding disorder that affects one of every 7,500 boys and men from birth. A similar disorder, von Willebrand disease (vWD), affects men and women equally. One of every 100 women suffers from vWD. Adults and children with these bleeding disorders experience spontaneous and prolonged bleeding due to the lack of clotting factors in their blood. There is no cure, and treatment to control the bleeding can cost \$100,000 a year or more, every year of their lives.

It's more than most families can bear on their own. Because of KHF, they don't have to.

The Kentucky Hemophilia Foundation, or KHF, is the Kentucky Chapter of the National Hemophilia Foundation. We are a private, non-profit organization established in 1960 as a support system for families affected by hemophilia and similar bleeding disorders.

Since our incorporation, KHF has grown into a statewide health agency serving Kentuckiana's bleeding disorders community. KHF's programs and services extend to more than 950 families throughout Kentucky and southern Indiana.



Kentucky Hemophilia Foundation
1850 Taylor Avenue, Suite #2 ♦ Louisville, KY 40213-1594
www.kyhemo.org ♦ email: info@kyhemo.org
(502) 456-3233 ♦ (800) 582-CURE (2873)
FAX (502) 456-3234

Kentucky Hemophilia Foundation
1850 Taylor Avenue, Suite #2
Louisville, KY 40213-1594

Non-Profit Org.
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Permit No. 883

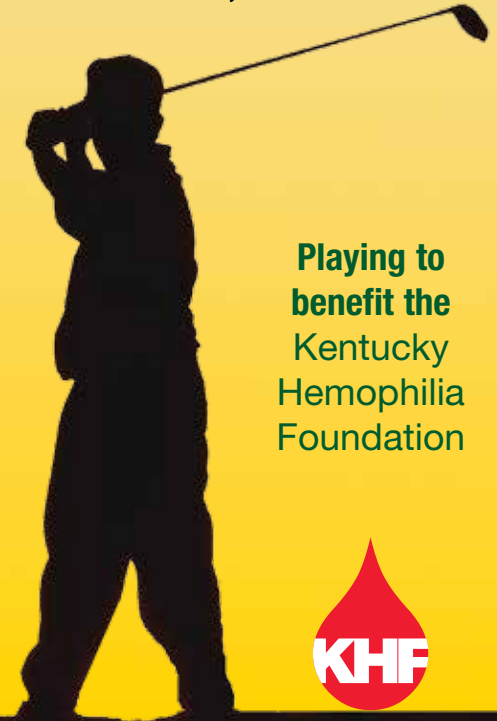


IT'S TEE TIME!

PLAY A ROUND FOR A CURE



**Monday
June 26, 2017**



**Playing to
benefit the
Kentucky
Hemophilia
Foundation**



Oxmoor Country Club

EVENT INFORMATION

18-HOLE "BEST BALL" SCRAMBLE

- Includes greens fees, carts, range balls
- 2 longest drive holes, one is closest to the line
- 4 closest-to-the-pin holes
- putting contest

EACH GOLFER RECEIVES

- gift and goodie bag
- on course refreshments and snacks
- food and beverages

TEAM AWARDS

- first, second, and third place teams

EVENT SCHEDULE

- 9:30 a.m. Registration begins
Driving range open (complimentary)
- 11:00 a.m. Shotgun start (box lunch provided)
- 4:00 p.m. Dinner, refreshments, auction, and awards
- 5:00 p.m. 5:00 p.m. "Ball Drop" Guaranteed winner.
Chance to win up to \$1,000.

All prizes subject to official rules of the tournament.
Official rules available on request.

Congratulations to last year's team winners!

- 1st CSL Behring
2nd Pfizer
3rd Baxalta I



Directions from I-264:

- Exit onto Taylorsville Road (KY-155 E); go 2.7 miles
Turn left onto Lowe Road
Turn right onto Regency Woods Drive
Turn left onto Parkshire Lane
Turn right onto Limehouse Lane and go to 9000 Limehouse Lane



map provided by Yahoo.com

SPONSORSHIPS

TEAM PLUS SPONSOR \$1,250

All Inclusive Team Entry – Foursome plus Go Low Package and Tee Sign (with lunch, dinner, snacks and beverages on the course, gift and goodie bag per player)

*Go Low Package includes all advantages and contests on the course – everything you and your team need to have an exciting day on the course!

TEAM ONLY SPONSOR \$1,100

Team Entry – Foursome (with lunch, dinner, snacks and beverages on the course, gift and goodie bag per player)

SPONSORS

All sponsorships will be acknowledged on sponsor poster and in program on the day of the event and in newsletter post-event.

INDIVIDUAL PLAYER \$275

Pays for 1 player and includes lunch, dinner, snacks and beverages on the course, goodie bag

COMPANY SLEEVE SPONSOR \$500

Your company logo on player shirt sleeve (first come, first serve)

BUSINESS TEE SPONSOR \$400

Sign at tee box and display table

TEE SPONSOR \$200

Sign at tee box

GO LOW PACKAGE \$140

On the course contests and games for four players

For team sponsors and individual players, contributions over the fair market value of \$100 per person are tax deductible.



EVENT REGISTRATION

Registration is due by June 16, 2017

Fax to 502-456-3234

TEAM MEMBERS

1. Primary Team Member Street/City/Zip
Cell Phone email
2. Team Member Street/City/Zip
Cell Phone email
3. Team Member Street/City/Zip
Cell Phone email
4. Team Member Street/City/Zip
Cell Phone email

Total Amount: \$ _____ /We cannot participate this year. Enclosed is a contribution of \$ _____

Payment:

Please make checks payable to: Kentucky Hemophilia Foundation Check included: \$ _____

MasterCard Visa AMEX Discover Pay via Paypal at www.kyhemo.org

Credit card number: _____ Expiration date: _____

Signature _____