

## 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 1,000 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.  
U.S. Postage  
**PAID**  
Louisville, KY  
Permit No. 883



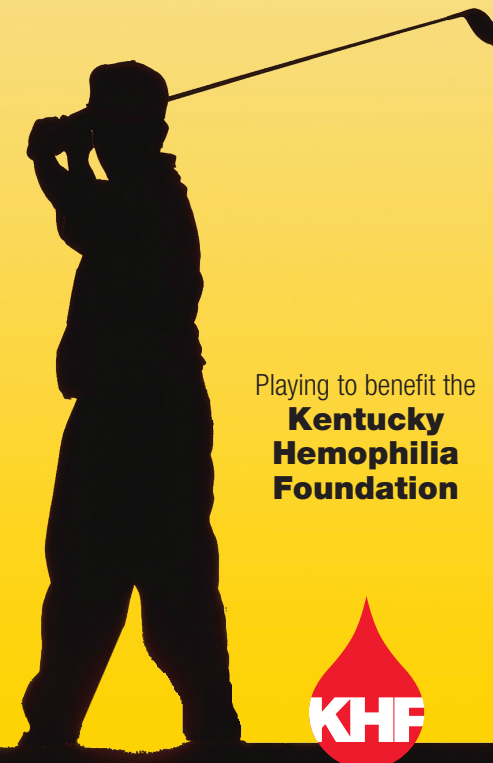
**IT'S TEE TIME!**

# PLAY A ROUND FOR A CURE

60 Years of Service



**Monday ~ Monday, August 31, 2020**  
Glen Oaks Country Club  
10601 Worthington Lane  
Prospect, KY



Playing to benefit the  
**Kentucky  
Hemophilia  
Foundation**



## 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
  - "Ball Drop" — Chance to win up to \$1,000\*
  - 50/50 Raffle — Winner receives one half of the pot\*
- \*Do not need to be present to win.

### EACH GOLFER RECEIVES

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

### TEAM AWARDS

- first, second, and third place teams

All prizes subject to official rules of the tournament.  
Official rules are provided.

## 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 to go and Wrap-Up
- 5:00 p.m. 5:00 p.m. "Ball Drop" Guaranteed winner.  
Chance to win up to \$1,000.

### Congratulations to last year's team winners!

- 1st BMR Partners—St. Matthews Specialty Pharmacy  
2nd Bayer HealthCare  
3rd HEMA Biologics

## DIRECTIONS

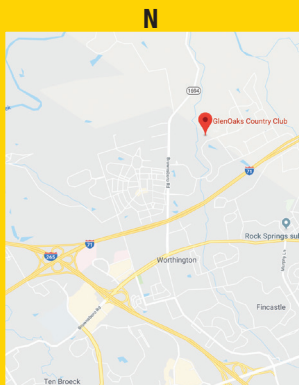
Glen Oaks Country Club  
10601 Worthington Lane  
Prospect, KY 40059

From I 71 N. Take exit 9A for  
KY-841 S/Gene Snyder Fwy I-265 S

Merge onto I-265 W/KY-841  
Take exit 34 for KY-22/  
Brownsboro Rd toward  
Crestwood

Turn right onto Stone School Rd  
Turn right onto Worthington Ln  
Destination will be on the left

map provided by google.com



## SPONSORSHIPS

### TEAM SPONSOR \$1,250

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

\*Go Low Package includes mulligans, and 3 team contests

### BUSINESS TEE SPONSOR \$299

Sign at tee box and display table

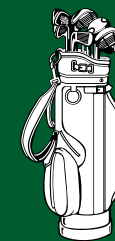
### INDIVIDUAL PLAYER \$99

Includes round of golf, lunch, dinner, snacks and beverages on the course plus gift and goodie bag

CDC COVID-19 guidelines will be observed.

## SPONSORS

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



For team sponsors and individual players, contributions over the fair market value of \$60 per person are tax deductible.

## EVENT REGISTRATION



Registration is due by 8/21/2020  
Fax to 502-456-3234

### TEAM MEMBERS

#### 1. Primary Team Member

Cell Phone

Street/City/Zip

email

#### 2. Team Member

Cell Phone

Street/City/Zip

email

#### 3. Team Member

Cell Phone

Street/City/Zip

email

#### 4. Team Member

Cell Phone

Street/City/Zip

email

Total Amount: \$ \_\_\_\_\_ I/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](http://www.kyhemo.org)

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature \_\_\_\_\_