

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 \$250,000 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.
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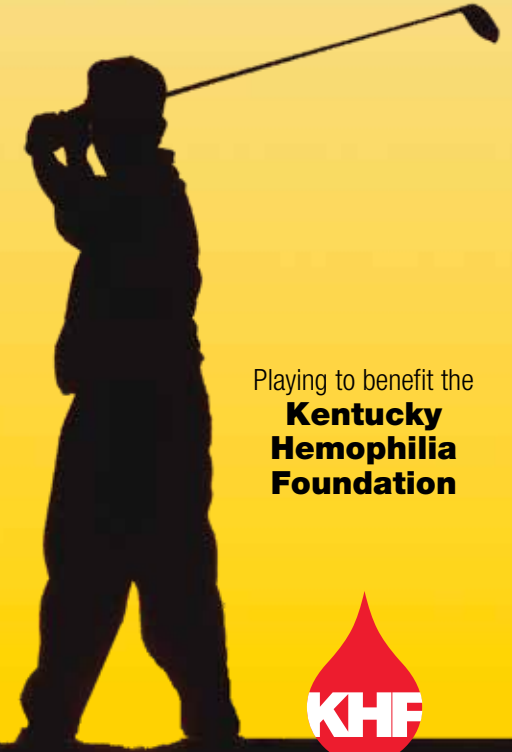
IT'S TEE TIME!

PLAY A ROUND FOR A CURE

Over 60 Years of Service



Monday, June 14, 2021
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 and Wrap-Up
- 5:00 p.m. "Ball Drop" Guaranteed winner.
Chance to win up to \$1,000.

Congratulations to last year's team winners!

- 1st William Black and Friends
2nd HEMA Biologics
3rd Octapharma

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 left onto State Hwy 1694
(Brownsboro Road)

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

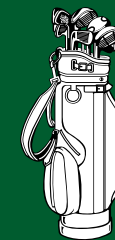
INDIVIDUAL PLAYER \$99

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.

Mask required to check in.

EVENT REGISTRATION



Registration is due by June 4, 2021
Fax to 502-456-3234

TEAM MEMBERS

1. <u>Primary Team Member</u>	Street/City/Zip _____
Cell Phone _____	email _____
2. <u>Team Member</u>	Street/City/Zip _____
Cell Phone _____	email _____
3. <u>Team Member</u>	Street/City/Zip _____
Cell Phone _____	email _____
4. <u>Team Member</u>	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 _____