

# Entry Fees

The Victoria Hospital Foundation's 14<sup>th</sup> Annual OK Hjertaas Memorial Golf Classic Entry Fees  
**\$680.00/ team or \$170.00/ golfer**

**Double Shot Gun Start**  
**Choice of Preferred Tee-Off Time**  
**7:30 a.m. or 1:00 p.m.**

*\*Tee times will be subject to change and will be posted at the Registration Social.\**

**Registration deadline is August 1, 2011**

Entry fees can be in the form of pledges or cash donations. Tax receipts will be issued for pledges over \$10.00 or more.

**Due to changes from Canada Revenue Agency (CRA) official tax receipts for pledges from golfers & immediate family members CANNOT be issued.**

All pledges **MUST** be paid prior to or at the Registration Social

**Entry fees include: Registration Social, Green Fees & Awards Banquet**

## Registration Social

**Thursday, August 25, 2011 – 7:30 p.m.**  
**at Cooke Municipal Golf Club**

**\*\*\* Awards Banquet Time\*\*\***

**Friday, August 26, 2011 – 6:30 p.m.**  
**Ches Leach Room, Art Hauser Center**  
**690 - 32 Street East, P.A.**

## ❖ GOLF CART RENTALS ❖

Golf cart rental is not included in your registration fee. To book your golf cart contact Darcy's Golf Shop (306) 763-2502.

# Incentive Prizes

## Pledges of = Receive

**Gift Cards Courtesy Canadian Tire**

**\$300 = \$50 gift card**

**\$500 = \$100 gift card**

**\$750 = \$150 gift card**

**\$1000 = \$250 gift card**

**\$1500 = \$375 gift card**

**\$2000 = \$500 gift card**

**\$3500 = \$650 gift card**

**\$5000 = \$1200 gift card**

**\$7500 = \$2000 gift card / TBA**

**\$12500 = Arctic Cat ATV /  
 Riverside Arctic Cat**

**Our Goal:** To raise enough money to purchase Vital Signs Monitors for the Maternity (Obstetrics) Unit at the Victoria Regional Hospital. More than 1,600 babies are delivered each year at the Victoria Regional Hospital. No child ever asks to be born sick or with serious medical challenges. With the proper up-to-date medical equipment our doctors, nurses and care teams can do what they are



trained to do. Timely medical intervention and treatment with the right equipment at the right time can have a huge impact on medical outcomes resulting in positive changes which can last a lifetime.

## VH Foundation History

The Victoria Hospital Foundation is a registered non-profit charitable organization established in 1985 to raise funds for special medical equipment for the

Victoria Hospital.

The need for new or improved equipment is ongoing. Your continued support is needed.

We thank all of our generous donors for their efforts and we look forward to building a brighter future for our hospital and our community.

**P.O. Box 3000, Station Main**  
**1200 – 24th Street West**  
**Prince Albert, SK. S6V 5T4**  
**Phone (306) 765-6105 Fax (306) 765-6120**  
**E-mail: [vhfoundation@paphr.sk.ca](mailto:vhfoundation@paphr.sk.ca)**  
**Website: [www.helpthevic.ca](http://www.helpthevic.ca)**

**Pledge makers can still submit their pledges to you electronically via [CanadaHelps](http://CanadaHelps.org) 100% secure**

**Sign on to [www.helpthevic.ca](http://www.helpthevic.ca)**  
**Choose the "Donate Now" icon**  
**Click the "Donate online" tag to connect with [CanadaHelps.org](http://CanadaHelps.org)**

**Choose the Fund/ Designation as:**

- **2011 OK Hjertaas Golf Classic**

**Send a message:**

**Dedicate your Donation:**

- **Yes as a gift in honor/on behalf of *your golfer***

**Continue to follow the prompts**  
**[Canadahelps.org](http://Canadahelps.org) will send you a Tax Receipt and you can send a Donation E-Card to the golfer yourself.**  
**Use Visa, MasterCard or American Express.**

# Victoria Hospital Foundation

**14th Annual**

**OK Hjertaas**

**Memorial Golf Classic**

# Pledge Form

**Friday, August 26, 2011**

**Double Shot Gun**

**7:30 a.m. & 1:00 p.m.**

**Cooke Municipal Golf Course**

## TITLE SPONSORS



RIVER PARK  
 MEMORIAL CHAPEL  
 PRINCE ALBERT  
 MEMORIAL GARDENS

**conexus**



**Victoria Hospital Foundation**

*Bringing Better Health Care Closer to Home*

**Registered Charity No. 11928 5310 RR001**

**14<sup>th</sup> Annual**

**OK Hjertaas**

**Memorial Golf Classic**

Friday, August 26, 2011  
Cooke Municipal Golf Course  
900 — 22 Street East, P.A. SK.



# Pledge Form

**Golfer** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Team** \_\_\_\_\_

**Day Phone** \_\_\_\_\_

**Evening Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

Entry fee is **\$170.00** per golfer or a minimum of **\$170.00** in pledges is required.

Tax receipts will be issued for donations of \$10 or greater. Please make cheques payable to the Victoria Hospital Foundation.

Due to changes from Canada Revenue Agency (CRA) official tax receipts for pledges from golfers & immediate family members cannot be issued.

# Victoria Hospital Foundation

*"Bringing Better Health Care Closer To Home"*

**Please print clearly. Receipts can not be issued without complete name and address information.**

Donor Pledges	
Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Donor Pledges	
Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Donor Pledges	
Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____

Name:	_____
Mailing Address:	_____ _____
Postal Code:	_____ Phone: _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card #	_____
Expiry Date	_____ Amount \$ _____