

Advocates  **for Health**
LIFESAVING SOLUTIONS

15 TH ANNUAL

SAVE A LIFE GOLF TOURNAMENT

**MONDAY JULY 20, 2026
SHOTGUN START @ 10AM**

Territory Golf Club

480 - 55th Avenue SE
St. Cloud, MN 56304

Registration includes Lunch & Games

**Proceeds will go toward an Outdoor AED Smart Monitored
Cabinet & AED Purchase, Education & Training**

READY TO SIGN UP?

- 1. CLICK [LINK](#) TO REGISTER ONLINE**
- 2. PRINT AND COMPLETE FORM ON PG 2-3**

For more information contact:

**Joel Vogel at 320-290-1427
joel@advocates4health.org**

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richfeneis@advocates4health.org**

Advocates4health.org

Advocates For Health is a 501(c)(3) Non-Profit



Sponsorship & Golf Fees



SCAN QR CODE
 TO REGISTER ONLINE

Sponsorships

\$5,000 GOLD SPONSOR

- Tournament Sponsor
- 1 team of 4 golfers
- Lunch Included

\$2,500 DOUBLE AED SPONSOR

- 2 AEDS placed for future use
- 1 team of 4 golfers
- Lunch Included

\$2,500 LUNCH SPONSOR

- Sponsor Name
- Lunch Included

\$1,500 SINGLE AED SPONSOR

- 1 AED placed in sponsor Name
- 1 team of 4 golfers
- Lunch Included

\$1,000 BEVERAGE CART SPONSOR

- Sponsor Name
- Lunch Included

\$750 GOLF CART SPONSOR

- Sponsor Name on all golf carts
- 1 team of 4 golfers
- Lunch Included

\$125 TEE BOX SPONSOR

- Signage on Hole

\$100 LONGEST PUTT SPONSOR

- Holes 1-18 (1 per hole)
- Sponsor must provide a prize awarded in your name
- Prize Description:

Golf Fees

\$500 1 TEAM

- 1 team of 4 golfers
- Lunch Included

\$475 HEART SURGERY TEAM

- 1 member with past heart surgery
- 1 team of 4 golfers
- Lunch Included

**Mail Golf Registration Form
 & Payment to:**

**Advocates For Health
 4067 Pine Point Rd. Sartell, MN 56377th**

**Make Check Payable to:
 Advocates For Health**

Total Registration: \$ _____

Shot Gun Start 10:00 | Territory Golf Club | July 20, 2065

Golfer Registration

| | |
|----------------------|--|
| Golfer 1 Name | |
| Company | |
| Phone | |
| Email | |
| Golfer 2 Name | |
| Company | |
| Phone | |
| Email | |
| Golfer 3 Name | |
| Company | |
| Phone | |
| Email | |
| Golfer 4 Name | |
| Company | |
| Phone | |
| Email | |

I am unable to attend but would like to make a donation: \$ _____

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