



Signature Helicopter Golf Ball Drop

How It Works

Enter to win by purchasing golf balls by 8 a.m. on Friday, June 8, 2018. Each purchased golf ball will be numbered, recorded and placed inside the Golf Baby Golf chopper. Balls will be dropped from the helicopter at the 12th Annual Golf Baby Golf! Charity Tournament at 9 a.m. on June 8. You do not need to be present or registered as a tournament sponsor or player in order to win.

The ball closest to the pin wins!

Your ball drop purchase of \$10, \$25, \$50 or \$100 supports a healthy Eastern Jackson County and gives you the chance to win some amazing prizes!



GRAND PRIZE: DISNEY RESORTS

5-night stay in a one-bedroom villa at Walt Disney World Resorts / Orlando, Florida
Air, meals and admissions not included.

2nd PLACE | TABLE ROCK LAKE

3 nights on beautiful Emerald Point in Branson, Missouri
2-bedroom condominium with lake views

3rd PLACE | Ophelia's Restaurant

Dinner for 8 with wine pairings on the historic Independence Square

4th PLACE | Sporting KC Tickets

3 Ways to WIN!

TMC Payroll Deduction (see back)

Text GBG18 to 41444

GolfBabyGolf.com

100% of your ball drop purchases support TMC Lakewood.
2018 proceeds benefit TMC Lakewood Department of Dentistry.



Presenting Sponsor



ENTER TO WIN BIG IN TMC'S ANNUAL HELICOPTER GOLF BALL



Authorization for Payroll Deduction



Employee Name _____

Employee # _____ (back of ID badge) Dept. Name/# _____

Address _____ City _____ State _____

Home Phone _____ Work Extension _____

MINIMUM \$10 for payroll deductions. IF YOUR CHARGE AMOUNT IS \$100.00 OR LESS, IT WILL BE TAKEN IN A ONE-TIME DEDUCTION.

I HEREBY AUTHORIZE THE TRUMAN MEDICAL CENTERS PAYROLL DEPARTMENT TO DEDUCT THE AMOUNT OF

\$ _____ (TOTAL AMOUNT) EFFECTIVE ON _____ (DATE)

FOR THE PURCHASE OF HELICOPTER GOLF BALL DROP ENTRIES, PART OF THE 11th ANNUAL GOLF BABY GOLF CHARITY TOURNAMENT BENEFITING TMC LAKEWOOD AND SPONSORED BY THE TMC CHARITABLE FOUNDATION.

IN THE EVENT I CEASE TO BE AN EMPLOYEE OF TRUMAN MEDICAL CENTERS FOR ANY REASON. I HEREBY AUTHORIZE TRUMAN MEDICAL CENTER TO DEDUCT THE UNPAID BALANCE OF MY DEBT FROM MY FINAL PAY CHECK .

SIGNATURE _____ DATE _____

Please return by interoffice mail or fax (404-3442) to TMC Charitable Foundation no later than Monday, June 4, 2018.
2018 proceeds benefit TMC Lakewood Department of Dentistry. Thanks, and good luck. We hope you WIN BIG!