

ABOUT ST. PETER'S HEALTH FOUNDATION

Established in 1978, the Foundation encourages and manages all charitable contributions to St. Peter's Health—a not-for-profit, community based health system located in Helena. The only full-service, acute care facility in our region, St. Peter's provides general, specialty and emergency health care services to the estimated 97,000 residents of Lewis and Clark, Broadwater, Jefferson, Meagher and Powell Counties.

St. Peter's Health does not have shareholders to whom returns are distributed; all profits are devoted to supporting our mission. Each year, St. Peter's reinvests over \$18 million into the community through health education, courtesy ambulance services at sporting events or other large community gatherings, and free or reduced-cost health care to ensure that financial limitations do not prevent individuals from seeking or receiving care.

Contributions made to St. Peter's and the Foundation are primarily used to:

- Provide assistance to patients and families for medically-related costs not covered by insurance;
- Subsidize services - especially those critical to the elderly - such as Hospice and Cardiopulmonary Rehab;
- Expand and improve health care services for the broader community; or
- Purchase or construct state-of-the-art medical equipment, technology and facilities.

OUR MISSION

St. Peter's Health Foundation inspires a culture of giving that supports exceptional and compassionate care for our community's health and well-being.

TOURNAMENT TO BENEFIT PATIENT ASSISTANCE AT ST. PETER'S HEALTH

A recurring funding priority—and the designation for our annual golf tournament's proceeds—is to provide assistance to St. Peter's patients for one-time or temporary medically-related expenses not covered by insurance. This can include things like wigs for chemo patients, nutritional supplements for newborns, discharge medications for unexpected hospital visits, and travel expenses.

So thank you for registering your team in St. Peter's Health Foundation's 2026 Golf Tournament! With your support, we can continue on our path of becoming the gold standard in health care for Montana through our support of both our patients and our staff.

For more information about St. Peter's Health Foundation or how you can help, please call (406) 444-2370.



YES! WE WOULD LIKE TO SUPPORT OUR COMMUNITY'S HEALTH BY PLAYING IN THE 2026 St. Peter's Health FOUNDATION GOLF TOURNAMENT!

Presented by



Team Name _____

Business Affiliation (if applicable) _____ Contact Name _____

Contact Email _____ Contact Phone _____

FRIDAY, AUGUST 7TH - GREEN MEADOW CC - 10AM SHOTGUN START
SCRAMBLE FORMAT - CASH HOLE-IN-ONE - MANY GREAT PRIZE OPPORTUNITIES
PRIZES FOR EACH MEMBER OF 1ST, 2ND & 3RD PLACE TEAMS (NET & GROSS)

ONLY \$1,000 FOR A TEAM OF FOUR!
 INCLUDES GREEN FEES, CARTS, TEE PRIZE
 BREAKFAST, LUNCH, 2 BEVERAGE
 TICKETS/PLAYER & MORE!

PLAYER 1	Name: _____ Email: _____	MULLIGANS MAX 1/PLAYER @ \$20 EA = \$ _____
	Cell #: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Handicap: _____ (M max 27; F max 36)	
PLAYER 2	Name: _____ Email: _____	MULLIGANS MAX 1/PLAYER @ \$20 EA = \$ _____
	Cell #: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Handicap: _____ (M max 27; F max 36)	
PLAYER 3	Name: _____ Email: _____	MULLIGANS MAX 1/PLAYER @ \$20 EA = \$ _____
	Cell #: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Handicap: _____ (M max 27; F max 36)	
PLAYER 4	Name: _____ Email: _____	MULLIGANS MAX 1/PLAYER @ \$20 EA = \$ _____
	Cell #: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Handicap: _____ (M max 27; F max 36)	

TEAM REGISTRATION FEE:

\$1,000 OR Sponsor Benefit *(Presenting, Pro Sponsor, Corporate with Team Only)*

MULLIGANS TOTAL: \$ _____

BUY NOW! Mulligans cash only at event check in (\$20 each, 1 per player).

TOTAL AMOUNT DUE FOR TEAM REGISTRATION: \$ _____

PAYMENT METHOD:

- Check Enclosed**
(please make payable to *St. Peter's Health Foundation*)
- Credit Card**
(please call 406-444-2370 to pay via phone)
- Send Invoice**
(please remit payment in full by August 3, 2026)

ADDITIONAL INFORMATION REQUESTED:

Will your team need golf carts?

Yes If yes, how many? **One** **Two**

No If using private carts stored at GMCC, please include space # so carts may be lined up for start of tournament:

Signature _____

Date _____

NOTE: Registration not official until payment received; Tournament limited to 32 teams (128 players); All participants will receive email confirmation once team registration is processed; Additional event information will be emailed to all participants prior to event.

PLEASE MAIL COMPLETED FORM TO:
 St. Peter's Health Foundation
 2475 Broadway, Helena, MT 59601
 foundation@sphealth.org