



|                                                                                                        |                   |                                                                                                        |
|--------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------|
| ★                                                                                                      | <b>ENTRY FORM</b> | ★                                                                                                      |
| Please return completed form to:<br><b>Email: <a href="mailto:stoll@kcdsi.org">stoll@kcdsi.org</a></b> | ★                 | Or mail to:<br>Down Syndrome Innovations<br>5916 Dearborn<br>Mission, KS 66202<br>Office: 913-384-4848 |

## 1. COMPLETE CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. SELECT LEVEL OF PARTICIPATION

| <input checked="" type="checkbox"/> | PARTICIPATION LEVEL | # OF PLAYERS | PRICE           | ENCLOSED |
|-------------------------------------|---------------------|--------------|-----------------|----------|
| <input type="checkbox"/>            | Title Sponsor       | 12           | <b>\$30,000</b> | \$       |
| <input type="checkbox"/>            | Presenting Sponsor  | 8            | <b>\$20,000</b> | \$       |
| <input type="checkbox"/>            | Golf Team           | 4            | <b>\$6,500</b>  | \$       |

## CORPORATE SPONSORSHIPS

| <input checked="" type="checkbox"/> | PARTICIPATION LEVEL                       | PRICE           | ENCLOSED |
|-------------------------------------|-------------------------------------------|-----------------|----------|
| <input type="checkbox"/>            | Lunch Sponsor (one available)             | <b>\$12,000</b> | \$       |
| <input type="checkbox"/>            | Cart Sponsor (one available)              | <b>\$10,000</b> | \$       |
| <input type="checkbox"/>            | Putting Contest (one available)           | <b>\$10,000</b> | \$       |
| <input type="checkbox"/>            | Golf Ball Sponsor (one available)         | <b>\$8,000</b>  | \$       |
| <input type="checkbox"/>            | Cocktail Party Sponsor (one available)    | <b>\$7,500</b>  | \$       |
| <input type="checkbox"/>            | Tournament Beverage Sponsor               | <b>\$7,000</b>  | \$       |
| <input type="checkbox"/>            | Premium Hole Prize Sponsor (18 available) | <b>\$5,000</b>  | \$       |
| <input type="checkbox"/>            | Cigar Sponsor                             | <b>\$5,000</b>  | \$       |
| <input type="checkbox"/>            | Welcome Reception Sponsor                 | <b>\$4,000</b>  | \$       |
| <input type="checkbox"/>            | Concept Store Sponsor                     | <b>\$3,500</b>  | \$       |
| <input type="checkbox"/>            | Scorecard Sponsor (one available)         | <b>\$3,500</b>  | \$       |
| <input type="checkbox"/>            | Ball Marker Sponsor (one available)       | <b>\$3,000</b>  | \$       |
| <input type="checkbox"/>            | Tournament Print Sponsorship              | <b>\$2,000</b>  | \$       |
| <input type="checkbox"/>            | Tee Box Sponsor                           | <b>\$2,000</b>  | \$       |

## 3. ☐ Please Invoice -OR- ☐ Amount Enclosed = \$

CREDIT CARD: VI, MC, AX, Disc      Exp. Date:      CVV Code:      Zip Code: \_\_\_\_\_