



DOWN SYNDROME INNOVATIONS

21ST Annual
Shadow Glen Golf Club
#1 Golf Course in the KC Area
September 11, 2023

★	ENTRY FORM	★
Please return completed form to: Email: stoll@kcdsi.org	★	Or mail to: Down Syndrome Innovations 5916 Dearborn Mission, KS 66202 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	\$30,000	\$
<input type="checkbox"/>	Presenting Sponsor	8	\$20,000	\$
<input type="checkbox"/>	Golf Team	4	\$6,500	\$

CORPORATE SPONSORSHIPS

<input checked="" type="checkbox"/>	PARTICIPATION LEVEL	PRICE	ENCLOSED
<input type="checkbox"/>	Lunch Sponsor (one available)	\$12,000	\$
<input type="checkbox"/>	Cart Sponsor (one available)	\$10,000	\$
<input type="checkbox"/>	Cocktail Party Sponsor (one available)	\$7,500	\$
<input type="checkbox"/>	Golf Ball Sponsor (one available)	\$6,000	\$
<input type="checkbox"/>	Premium Hole Prize Sponsor (18 available)	\$5,000	\$
<input type="checkbox"/>	Cigar Sponsor	\$5,000	\$
<input type="checkbox"/>	Welcome Reception Sponsor	\$4,000	\$
<input type="checkbox"/>	Concept Store Sponsor	\$3,500	\$
<input type="checkbox"/>	Scorecard Sponsor (one available)	\$3,500	\$
<input type="checkbox"/>	Ball Marker Sponsor (one available)	\$3,000	\$
<input type="checkbox"/>	Tee Box Sponsor	\$1,500	\$
<input type="checkbox"/>	Tournament Print Sponsorship	\$1,500	\$

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

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