



★ **ENTRY FORM** ★

Please return completed form to:  
**Email: [stoll@kcdsi.org](mailto: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 |
|--------------------------------------|---------------------|--------------|-----------------|----------|
| <b>SOLD</b> <input type="checkbox"/> | Title Sponsor       | 12           | <b>\$15,000</b> | \$       |
| <input type="checkbox"/>             | Golf Team           | 4            | <b>\$1,000</b>  | \$       |

**CORPORATE SPONSORSHIPS**

| <input checked="" type="checkbox"/> | PARTICIPATION LEVEL                 | PRICE          | ENCLOSED |
|-------------------------------------|-------------------------------------|----------------|----------|
| <input type="checkbox"/>            | Golf Ball Sponsor (one available)   | <b>\$8,000</b> | \$       |
| <input type="checkbox"/>            | Lunch Sponsor (one available)       | <b>\$6,000</b> | \$       |
| <input type="checkbox"/>            | Cart Sponsor (one available)        | <b>\$5,000</b> | \$       |
| <input type="checkbox"/>            | Beverage Sponsor (one available)    | <b>\$5,000</b> | \$       |
| <input type="checkbox"/>            | Welcome Reception Sponsor           | <b>\$3,500</b> | \$       |
| <input type="checkbox"/>            | Concept Store Sponsor               | <b>\$3,500</b> | \$       |
| <input type="checkbox"/>            | Ball Marker Sponsor (one available) | <b>\$3,000</b> | \$       |
| <input type="checkbox"/>            | Cigar Sponsor                       | <b>\$2,500</b> | \$       |
| <input type="checkbox"/>            | Scorecard Sponsor (one available)   | <b>\$2,000</b> | \$       |
| <input type="checkbox"/>            | Tee Box Sponsor                     | <b>\$1,500</b> | \$       |

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

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