



★ ENTRY FORM ★	
Please return completed form to: <b>Email: <a href="mailto:stoll@kcdsi.org">stoll@kcdsi.org</a></b>	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	<b>\$15,000</b>	\$
<input type="checkbox"/>	Golf Team	4	<b>\$2,000</b>	\$

## CORPORATE SPONSORSHIPS

<input checked="" type="checkbox"/>	PARTICIPATION LEVEL	PRICE	ENCLOSED
<input type="checkbox"/>	Golf Ball Sponsor (one available)	<b>\$7,500</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>	\$
<input type="checkbox"/>	Tournament Print Sponsorship	<b>\$1,000</b>	\$

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

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