



★ **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**

...	Title Sponsor	12	<b>\$15,000</b>	\$
...	Golf Team	4	<b>\$2,000</b>	\$

**CORPORATE SPONSORSHIPS**

5	PARTICIPATION LEVEL	PRICE	ENCLOSED
...	Golf Ball Sponsor (one available)	<b>\$7,500</b>	\$
...	Lunch Sponsor (one available)	<b>\$6,000</b>	\$
...	Cart Sponsor (one available)	<b>\$5,000</b>	\$
...	Beverage Sponsor (one available)	<b>\$5,000</b>	\$
...	Welcome Reception Sponsor	<b>\$3,500</b>	\$
...	Concept Store Sponsor	<b>\$3,500</b>	\$
...	Ball Marker Sponsor (one available)	<b>\$3,000</b>	\$
...	Cigar Sponsor	<b>\$2,500</b>	\$
...	Scorecard Sponsor (one available)	<b>\$2,000</b>	\$
...	Tee Box Sponsor	<b>\$1,500</b>	\$
...	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: \_\_\_\_\_