



★ **ENTRY FORM** ★

Please return completed form to:
Email: stoll@kcdsg.org

★

Or mail to:
 Down Syndrome Guild of Greater Kansas City
 5960 Dearborn, Suite 100
 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	\$25,000	\$
<input type="checkbox"/>	Presenting Sponsor	8	\$15,000	\$
<input type="checkbox"/>	Golf Team	4	\$6,000	\$

CORPORATE SPONSORSHIPS

<input checked="" type="checkbox"/>	PARTICIPATION LEVEL	PRICE	ENCLOSED
<input type="checkbox"/>	Lunch Sponsor (one available)	\$10,000	\$
<input type="checkbox"/>	Cocktail Party Sponsor (one available)	\$7,500	\$
<input type="checkbox"/>	Cart Sponsor (one available)	\$8,000	\$
<input type="checkbox"/>	Golf Ball Sponsor (one available)	\$5,500	\$
<input type="checkbox"/>	Premium Hole Prize Sponsor (18 available)	\$5,000	\$
<input type="checkbox"/>	Cigar Sponsor	\$4,000	\$
<input type="checkbox"/>	Welcome Reception Sponsor	\$3,000	\$
<input type="checkbox"/>	Concept Store Sponsor	\$3,000	\$
<input type="checkbox"/>	Scorecard Sponsor (one available)	\$3,000	\$
<input type="checkbox"/>	Ball Marker Sponsor (one available)	\$2,500	\$
<input type="checkbox"/>	Tee Box Sponsor + Sponsor Giveaway	\$1,500	\$
<input type="checkbox"/>	Tournament Print Sponsorship	\$1,000	\$

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

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