



★ 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 | \$10,000 | \$ |
| <input type="checkbox"/> | Golf Team | 4 | \$2,000 | \$ |

CORPORATE SPONSORSHIPS

| <input checked="" type="checkbox"/> | PARTICIPATION LEVEL | PRICE | ENCLOSED |
|-------------------------------------|-------------------------------------|---------|----------|
| <input type="checkbox"/> | Lunch Sponsor (one available) | \$5,000 | \$ |
| <input type="checkbox"/> | Cart Sponsor (one available) | \$4,000 | \$ |
| <input type="checkbox"/> | Golf Ball Sponsor (one available) | \$4,000 | \$ |
| <input type="checkbox"/> | Welcome Reception Sponsor | \$3,000 | \$ |
| <input type="checkbox"/> | Concept Store Sponsor | \$3,000 | \$ |
| <input type="checkbox"/> | Cigar Sponsor | \$2,500 | \$ |
| <input type="checkbox"/> | Ball Marker Sponsor (one available) | \$2,500 | \$ |
| <input type="checkbox"/> | Scorecard Sponsor (one available) | \$1,500 | \$ |
| <input type="checkbox"/> | Tee Box Sponsor + Sponsor Giveaway | \$1,000 | \$ |
| <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: _____