

# 17<sup>th</sup> Annual CEO GOLF Invitational

# 2024 RESPONSE FORM

THURSDAY, JUNE 13, 2024

**SCHEDULE OF EVENTS:**

- 11:00 AM**  
Registration Opens
- 11:30 AM-12:30 PM**  
Lunch
- 12:45 PM**  
Teams Depart for Starting Hole
- 1:00 PM**  
Shot Gun Start; 120 players/ 30 foursomes
- 5:00 PM**  
Reception and Car Barn

## SPONSOR INFORMATION

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

I want to sponsor the following:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Presenting Sponsor \$100,000 | <input type="checkbox"/> Clubhouse Patio Sponsor \$7,500 | <input type="checkbox"/> Game Prize Sponsor \$3,000    |
| <input type="checkbox"/> Corporate Sponsor \$50,000   | <input type="checkbox"/> Golf Cart Sponsor \$7,500       | <input type="checkbox"/> Wheel of Education \$3,000    |
| <input type="checkbox"/> Title Sponsor \$25,000       | <input type="checkbox"/> Refreshment Sponsor \$5,000     | <input type="checkbox"/> Hole Sponsor Level 1 \$3,000  |
| <input type="checkbox"/> Eagle Sponsor \$15,000       | <input type="checkbox"/> Car Barn Sponsor \$5,000        | <input type="checkbox"/> Bridge Sponsor \$3,000        |
| <input type="checkbox"/> Tent Sponsor \$15,000        | <input type="checkbox"/> Reception Sponsor \$5,000       | <input type="checkbox"/> Hole Sponsor Level 2 \$2,000  |
| <input type="checkbox"/> Birdie Sponsor \$10,000      | <input type="checkbox"/> "Rob's Ride" Sponsor \$5,000    | <input type="checkbox"/> Putting Green Sponsor \$1,000 |
| <input type="checkbox"/> Lunch Sponsor \$10,000       | <input type="checkbox"/> Entrance Sponsor \$5,000        |  |
| <input type="checkbox"/> Oasis Sponsor \$7,500        | <input type="checkbox"/> Game Hole Sponsor \$3,000       |  |

Note: Previous year's sponsors are given first right of refusal of their sponsor level.

## PLAYER INFORMATION (\$750 PER PLAYER)

Number of players \_\_\_\_\_ (**\$750 per player**)

\* Please note individual players/pairs will be matched to complete a foursome unless you indicate player preference. Based upon availability.

### PLAYER 1

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Tel \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ @ \_\_\_\_\_

### PLAYER 2

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Tel \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ @ \_\_\_\_\_

### PLAYER 3

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Tel \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ @ \_\_\_\_\_

### PLAYER 4

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Tel \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ @ \_\_\_\_\_

## PAYMENT OPTIONS:

Total Sponsorship \$ \_\_\_\_\_  Total Players \$ \_\_\_\_\_

I'm unable to participate this year, but I want to assist DMACC students. I would like to make a tax-deductible donation for:

\$10,000  \$5,000  \$2,500  \$1,000  \$500  \$250  \$100  \$ \_\_\_\_\_

**TOTAL AMOUNT DUE \$** \_\_\_\_\_

Enclosed is my check made payable to DMACC Foundation.

Please invoice me. Month to be invoiced \_\_\_\_\_

I will pay online with my credit card at [foundationgiving.dmacc.edu](http://foundationgiving.dmacc.edu) or by scanning the QR code.



[FOUNDATION.DMACC.EDU](http://FOUNDATION.DMACC.EDU) | 515-964-6229

# Thanks for your support!

DMACC FOUNDATION, 2006 S. ANKENY BLVD., BUILDING 22, ANKENY, IA 50023

