

19th Annual
CEO GOLF
Invitational

2026 RESPONSE FORM

THURSDAY, JUNE 18, 2026
 TALONS GOLF, ANKENY, IA

SCHEDULE OF EVENTS:

10:30 AM
 Registration Opens

11:00 AM
 Lunch

12:15 PM
 Teams Depart for Starting Hole

12:30 PM
 Shot Gun Start
 [Maximum 120 ppl / 30 Foursomes]

5:00 PM
 Reception and Car Barn Viewing

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

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.

You will be notified of your assigned golf time. Based upon availability.

PLAYER 1

Name _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Tel _____ Cell _____
 Email _____ @ _____

PLAYER 3

Name _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Tel _____ Cell _____
 Email _____ @ _____

PLAYER 2

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 _____
 Please contact me at _____ so I can provide a member of the
 Foundation staff with my credit card information.



DMACC.EDU/FOUNDATION | 515-964-6229

Thanks for your support!

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

DMACC
FOUNDATION