

CEO GOLF
*Invitational*2026
RESPONSE FORM

THURSDAY, JUNE 18, 2026

TALONS GOLF, ANKENY, IA

SCHEDULE OF EVENTS:

10:30 AM
Registration Opens11:00 AM
Lunch12:15 PM
Teams Depart for Starting Hole12:30 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:

☐ Presenting Sponsor \$100,000☐ Corporate Sponsor \$50,000☐ Title Sponsor \$25,000☐ Eagle Sponsor \$15,000☐ Pavilion Sponsor \$15,000☐ Birdie Sponsor \$10,000☐ Lunch Sponsor \$10,000☐ Oasis Sponsor \$7,500☐ The Turn Sponsor \$7,500☐ Golf Cart Sponsor \$7,500☐ Refreshment Sponsor \$5,000☐ Car Barn Sponsor \$5,000☐ Reception Sponsor \$5,000☐ "Rob's Ride" Sponsor \$5,000☐ Entrance Sponsor \$5,000☐ Game Hole Sponsor \$5,000☐ Wheel of Education \$3,000☐ Hole Sponsor Level 1 \$3,000☐ Bridge Sponsor \$3,000☐ Hole Sponsor Level 2 \$2,000☐ Putting Green Sponsor \$1,000Note: 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 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 _____☐ Please contact me at _____ so I can provide a member of the
Foundation staff with my credit card information.*Thanks for your support!*