

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 Ball Sponsor \$7,500 | <input type="checkbox"/> Wheelchair Donation \$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"/> "Rock the Hole" 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.



Thanks for your support!