

17th 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 or by scanning the QR code.



FOUNDATION.DMACC.EDU | 515-964-6229

Thanks for your support!

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

