



Sinnissippi Foundation Golf Open

August 1, 2019

Rock River Golf & Pool, Rock Falls, IL

12:30 p.m. tee-off • Dinner & awards follows golf

A portion of the proceeds benefits Sinnissippi's Recovery Home

Sponsorship Opportunities

- | | | | |
|--------------------------|---------------------------|---|------------------|
| <input type="checkbox"/> | Gold Sponsor | Includes a foursome of golfers, four (4) game pass packages (valued at \$100.00), and a hole sponsorship | \$ 750.00 |
| <input type="checkbox"/> | Silver Sponsor | Includes a twosome of golfers, two (2) game pass packages (valued at \$50.00), and a hole sponsorship | \$ 375.00 |
| <input type="checkbox"/> | Bronze Sponsor | Includes a hole sponsorship | \$ 175.00 |
| <input type="checkbox"/> | Flag Sponsor | Proudly display your logo or message on the flag at your exclusive green location | \$ 100.00 |
| <input type="checkbox"/> | Ladies Tee Sponsor | Includes ladies tee box sponsorship | \$ 50.00 |
| <input type="checkbox"/> | Golf Cart Sponsor | Let a golf cart carry your business or personal message | \$ 25.00 |

Golfing Opportunities

- | | | | |
|--------------------------|----------------------------|---|------------------|
| <input type="checkbox"/> | Foursome of Golfers | includes four (4) game pass packages valued at \$100.00 | \$ 400.00 |
| <input type="checkbox"/> | Twosome of Golfers | includes two (2) game pass packages valued at \$50.00 | \$ 200.00 |
| <input type="checkbox"/> | Single Golfer | includes one (1) game pass package valued at \$25.00 | \$ 100.00 |

Entry fee for the 18-hole scramble includes: Golf, cart, game pass package, dinner & awards banquet, door prizes

VIP Package

- Quantity **Be a Golf Open VIP** The VIP Package gives you **more tickets** (20 total for raffle items and each game hole), **3 complimentary beverages**, **2 mulligan cards**, and preferred status for other prizes. **Price is per golfer.** **\$50.00**

Dine-only & Donation Opportunities

- Don't golf? Is a friend, co-worker, or family member golfing and want to join them for the dinner after golfing? **I would like to participate in the banquet.** Please indicate the total number of guests including yourself ____ Please see page 2 to fill out diners' names **\$20.00 per person**
- I cannot attend** the Golf Open, **but I will make a donation** to the Sinnissippi Foundation for the Golf Open in the amount of \$ _____
- I would like to donate an item/items** to be used at the Golf Open as a prize or golfer giveaway. **Please contact me** (fill out contact information on the back).

Register Online!

Scan this code with your mobile device or to register online go to:

www.sinnissippi.org/golfregistration



Registration DEADLINE July 12, 2019

Total Amount Enclosed: \$ _____

Make checks payable to the Sinnissippi Foundation
Option to pay via credit card on back of sheet

Golfer Information

Please identify golfers who have purchased VIP packages by checking the box to the right of their name

#	Golfer (or diner) Name	Street Address or Email Address and Phone	VIP
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>

Corporate Sponsorship Information (if applicable)

Contact Person: _____

Company _____

Address1 _____

Address2 _____

City, ST Zip _____

Phone _____

E-mail: _____

**Name as it should
appear on sign** _____

We probably already have your current logo on file. However **if you are new to the golf open, if you are unsure we have it, or if you have an updated or new corporate logo, please email the file(s) to admin@sinnissippi.com. Vector/eps file preferred. Jpeg also acceptable with a minimum resolution of 300 dpi. Not sure? Contact Andy Jackson at 815-284-6611**

Please complete both sides of this form and return to:

**The Sinnissippi Foundation
ATTN: Phyllis Berge
325 Illinois Route 2, Suite 100
Dixon, IL 61021**

**OR FAX form to:
The Sinnissippi Foundation
ATTN: Phyllis Berge
(815) 284-6642**



Check will be mailed by July 5, 2019 Charge \$ _____ Fee to credit card (total from front)

Name as it appears on credit card: _____

Card #: _____ Exp. date: _____ 3-digit security code: _____

Billing Address for credit card: _____

Authorized Signature: _____

Name/Address to send credit card receipt to if different than above:

*Print the completed
form and mail or fax
to the address or fax
number above*