

The Sinnissippi Foundation presents

17th Annual Foundation Golf Open

August 13, 2009 • Timber Creek Golf Club, Dixon, Illinois

Registration Form

(Please fill out both sides of this registration form)

Sponsorship Opportunities

- | | |
|---|-----------|
| <input type="checkbox"/> Gold Sponsor (includes <u>foursome</u> of golfers and a hole sponsorship) | \$ 600.00 |
| <input type="checkbox"/> Silver Sponsor (includes <u>twosome</u> of golfers and a hole sponsorship) | \$ 300.00 |
| <input type="checkbox"/> Bronze Sponsor (includes <u>hole sponsorship</u> only – golf is not included) | \$ 150.00 |
| <input type="checkbox"/> Cart Sponsor (Let a golf cart carry your business or personal message!) | \$ 25.00 |
| <input type="checkbox"/> Sand trap Sponsor (the sand is a perfect place to reach a captured audience!) | \$ 25.00 |

Golfing Only – 18 hole Best Ball Scramble (starts at 12:30 p.m.)

- | | |
|---|-----------|
| <input type="checkbox"/> Foursome of Golfers | \$ 300.00 |
| <input type="checkbox"/> Twosome of Golfers | \$ 150.00 |
| <input type="checkbox"/> Single Golfer | \$ 75.00 |

Entry fee for the 18-hole scramble includes:
Golf, cart, dinner/awards banquet, door prize

Registration Deadline: July 23, 2009

- Sorry, I am unable to attend the Golf Open but will make a donation to the Sinnissippi Foundation in the amount of \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____
(Make checks payable to: the Sinnissippi Foundation)

OVER ►

GOLFER INFORMATION

Names of Golfers:	Phone	Address
1.		
2.		
3.		
4.		

Corporate Sponsorship Information (if applicable)

Contact Person: _____

Company: _____

Address: _____

Phone: _____

E-mail: _____

Name as it should appear on sign: _____

Please e-mail your corporate logo to admin@sinnissippi.com (minimum resolution: 400 dpi)

Contact me! As a sponsor, I would like to provide promotional items and/or a door prize.

Please complete both sides of this form and return it to:

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

Or FAX form to: 815-284-6642

If registration form is faxed please indicate the method of payment

Check will be mailed by July 23, 2009

Charge \$_____ fee to credit card

Name on credit card: _____

___ Discover _____ Card #: _____

___ Master Card _____ Exp. Date: _____

___ VISA _____

Authorized Signature: _____

Billing address for credit card: _____

Name/address to send credit card receipt to (if different than billing address):
