

The Sinnissippi Foundation presents

18th Annual Foundation Golf Open

August 12, 2010
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 22, 2010

- 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	Street Address / Email Address (email optional)
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 (resolution: 300 dpi please)

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 22, 2010

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):
