



**GADS HILL
CENTER**

Drive to Succeed

Gads Hill Center 2019 Golf Outing Sponsorship & Registration Form

Please submit your completed form to Kayla Torres at KTorres@gadshillcenter.org to reserve your selected option.

Sponsor Information

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact name: _____ Phone number: _____ E-mail: _____

- | | | | |
|--|---------|--|-------|
| <input type="checkbox"/> Albatross Sponsor | \$2,500 | <input type="checkbox"/> Table Sponsor | \$500 |
| <input type="checkbox"/> Eagle | \$1,500 | <input type="checkbox"/> Hole Sponsor | \$200 |
| <input type="checkbox"/> Birdie | \$1,000 | | |

***Artwork, logos in PNG format, and promotional materials must be submitted by July 12, 2019. Contact Kayla for arrangements.**

Golfer/ Foursome Registration

Player 1: _____ Player 2: _____

Player 3: _____ Player 4: _____

Foursome company name: _____

Contact name: _____ Phone number _____ Email _____

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|---------------------------------------|-------|--|------|
| <input type="checkbox"/> Par Foursome | \$800 | <input type="checkbox"/> Dinner Only | \$60 |
| <input type="checkbox"/> Bogey Golfer | \$200 | <input type="checkbox"/> Contribution in the amount of \$ _____ | |

Payment

Please make all checks payable to Gads Hill Center, Attn: Kayla Torres, 1919 W. Cullerton St., Chicago, IL 60608

- | | | |
|---|--|--|
| <input type="checkbox"/> Check enclosed | <input type="checkbox"/> Payment made via PayPal | <input type="checkbox"/> Charge my credit card |
|---|--|--|

Name (as it appears on the card): _____

Credit card number: _____ Visa __ Mastercard __ Discover __ AmEx __

Expiration date: _____ Billing zip code: _____ Amount: \$ _____

Signature: _____ Date: _____

Please return this form to secure your spot by July 12, 2019. Gads Hill Center is a 501 (c) (3) organization, and all contributions are tax deductible to the full extent provided by the law.