

ENTRY/SPONSORSHIP FORM

Company Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sponsorship Level

- | | | | | | |
|--------------------------|-------------------------|----------|--------------------------|-------------------|---------|
| <input type="checkbox"/> | Pro's Purse/2 Teams | \$10,000 | <input type="checkbox"/> | Awards/Gifts/Team | \$5,000 |
| <input type="checkbox"/> | Beverage Cart/Team | \$5,000 | <input type="checkbox"/> | Cart/Team | \$3,500 |
| <input type="checkbox"/> | Par 3 Hole /Team | \$3,500 | <input type="checkbox"/> | Sponsor/Team | \$3,500 |
| <input type="checkbox"/> | Player's Golf Cart/Team | \$3,500 | <input type="checkbox"/> | Registration/Team | \$3,500 |
| <input type="checkbox"/> | Team and Hole | \$3,000 | <input type="checkbox"/> | Hole Sponsor | \$1,000 |
| <input type="checkbox"/> | Team Only | \$2,000 | <input type="checkbox"/> | Individual | \$500 |

Team Players

Name	Email
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Payment

Total Due: \$ _____ Check payable to "KU Endowment"

- Visa
 Mastercard
 American Express
- Name: _____
(as it appears on card)

Billing Address: _____

CC# _____ Exp. Date: _____
CCV: _____

Signature: _____

Mail, fax or email form to Golfology Fore Cardiology, c/o SSC, 8500 West 110th Street, Suite 300, Overland Park, KS 66210 * Fax: 913.438.7777
Email: llouk@ssc.us.com

A portion of your contribution will be tax deductible.