



KACE INVITES YOU TO ATTEND OUR ANNUAL GOLF TOURNAMENT



Tuesday, August 20, 2013

Sand Creek Station Golf Course
920 Meadowbrook Dr.
Newton, KS 67114
316-284-6161

Shot Gun Start at 11:00 a.m.

Fee is \$90 per golfer
(Lunch will be provided)

Contact Information:

Name _____

Company/ Facility Name _____

Address _____

City, State & Zip _____

Phone # _____

Email _____

I would like to: (check all that apply)

_____ Register as an individual - \$90

_____ Register as a team - \$90 each

Please list players' names:

1.) _____

2.) _____

3.) _____

4.) _____

Payment Amount & Method

**Please complete this form and return it no LATER
than Friday, August 9, 2013 to:**

KACE
3601 SW 29th St., Ste. 202
Topeka, KS 66614
785-273-4393 Fax: 785-273-8681
Email: kace@kaceks.org

Amount Due: \$ _____

Payment method:

____ Check ____ Visa ____ MasterCard
____ Discover ____ American Express
____ Invoice Us

If paying by credit card:

____ Card number _____ Exp. Date _____

____ Security Code _____ Billing Address (with City and Zip) _____

Please make checks payable to KACE.

All sponsorships and donations will be recognized with a golf sign posted on the course. We are looking for Nursing Facilities, Vendors, and Individuals to be our sponsors.

_____ Hole Sponsorship \$150 (includes 1 free golfer)

_____ Drink Cart \$150 (includes 1 free golfer)

_____ Lunch Sponsorship \$150 (includes 1 free golfer)

_____ Donation or cash \$ _____ to purchase giveaways

Please provide us the names of any person(s) with whom you wish to be paired.

1.) _____

2.) _____

3.) _____