



# KANSAS ADULT CARE EXECUTIVES INVITES YOU TO ATTEND OUR ANNUAL GOLF TOURNAMENT

Tuesday, August 18, 2015  
Hidden Lakes Golf Course  
6020 Greenwich Rd.  
Derby, KS 67037

Registration & Lunch (BBQ will be served) at 11:00; Shot Gun Start at 12:00 p.m.  
A shuttle will be available at the Marriott starting at 10:00 a.m.

### Contact Information:

Name \_\_\_\_\_  
Company/ Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### I would like to: (check all that apply)

\_\_\_\_\_ Register as an individual - \$95 (a team will be assigned)

Golfer's Name: \_\_\_\_\_

**or**

\_\_\_\_\_ Register as a team - \$380 (\$95 each)

Please list players' names on your team:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

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.

\_\_\_\_\_ Drink Cart Sponsorship \$250 (includes 1 free golfer)

\_\_\_\_\_ Lunch Sponsorship \$250 (includes 1 free golfer)

\_\_\_\_\_ Hole Sponsorship \$175 (includes 1 free golfer)

\_\_\_\_\_ Golden Mulligan \$25 (one per team, use 1 mulligan per hole any shot)

\_\_\_\_\_ Donation or cash \$\_\_\_\_\_ to purchase giveaways

### Payment Amount & Method

Please complete this form and return it  
no LATER than Friday, August 7, 2015  
to:

**KACE**  
1505 SW Fairlawn Rd., Suite B  
Topeka, KS 66604  
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.

**Bring some extra cash - Have a Pro drive  
for you and Closest to the Pin—Double  
your money!**