



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

Tuesday, August 16, 2016
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

Will you be golfing: Yes or No

Payment Amount & Method

Please complete this form and return it no LATER than Wednesday, August 3, 2016 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) _____

Name on the card _____

Please make checks payable to KACE.

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