# 2024 Lincoln Land Down Syndrome Society 18th Annual Golf Outing Golf Outing Information Sponsorship Information

- When: Friday, May 24<sup>th</sup>, 2024
- Where: Edgewood Golf Club, Auburn See <u>www.golfedgewood.com</u> for directions and course policies.

#### Schedule &

Cost:	11:00 am - Lunch/Registration
	12:30 pm - Shotgun Start
	5:00 pm - Dinner
	Fee: \$90/Golfer

- **Included:** 18 holes of golf and cart (Four Person Scramble), drink tickets, gift package, lunch and dinner.
- Prizes: Cash prizes plus: longest drive, longest putt closest to the pin prizes.

#### Schedule &

Cost: 11:00 am - Lunch/Registration 12:30 pm - Tournament Starts 5:00 pm - Dinner Fee: \$90/Player

## **LLDSS Information**

For over 20 years LLDSS has acted as a support network for families having a member with Down syndrome residing in and around Sangamon County. LLDSS is an Illinois not-forprofit, tax-exempt organization, which promotes awareness, acceptance, inclusion and education of people with Down syndrome and other special needs. Money raised will go towards the LLDSS scholarship program. Our family members use the funds for enrichment programs such as sports activities, academic support and inclusive activities. Please consider becoming a Sponsor for this wonderful event.

Sponsorship Levels:

- \$100 tee box sponsor
- \$150 tee box sponsor with logo\*
- \$250 lunch sponsor\*
- \$500 dinner sponsor\*
- \$1,000 event sponsor\*

\* E-mail your logo to info@lldss.org. Please make sure your logo is 300 dpi and is print ready.

### **Questions or Information?**

LLDSS Website: <u>www.lldss.org</u> LLDSS Facebook Page: <u>https://www.facebook.com/LincolnLandDo</u> <u>wnSyndromeSociety/</u> LLDSS Golf Outing Event Page: <u>https://www.facebook.com/events/595789</u> 277671274/

Call Jane Mosey-Nicoletta (Outing Co-Chair) – 217-971-4179



#### **Golf Registration**

- Check One. Golf Limited to 1<sup>st</sup> paid 36 foursomes -

Team Member #1:	
Address:	
City, State, Zip:	
Email:	
Team Member #2: IF APPLICABLE	
Address:	
City, State, Zip:	
Email:	
Team Member #3: IF APPLICABLE	
Address:	
City, State, Zip:	
Email:	
Team Member #4: IF APPLICABLE	
Address:	
City, State, Zip:	
Email:	
Sponsor Registration	
Sponsor Name:	
Contact Name:	
Contact Phone Number:	
Sponsorship Level: <u>\$</u>	
Please register on-line at <u>www.LLDSS.org</u> or submit this registration and payment to:	
LLDSS/Jane Mosey-Nicoletta 1808 S. Walnut Street	

Springfield, IL 62704