

# 2021 Lincoln Land Down Syndrome Society 15th Annual Golf Outing

## Golf Outing Information

**When:** Friday, June 18th, 2020

**Where:** Edgewood Golf Club

See <https://www.golfedgewood.com/>  
for directions and course policies.

### Schedule &

**Cost:** 11:00 am - Lunch/Registration  
12:00 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.

## 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-for-profit, tax-exempt organization, which promotes awareness, acceptance, inclusion and education of people with Down syndrome and other special needs.

## Sponsorship Information

Money raised will go towards the LLDSS scholarship program and Brother James Court. Brother James Court is a residential intermediate care facility for men who have developmental disabilities, primarily Down Syndrome. Please consider a Hole Sponsor for this wonderful event.

### Sponsorship Levels:

- \$100 tee box sponsor
- \$150 tee box sponsor with logo\*
- \$250 lunch sponsor\*
- \$500 dinner sponsor\*

\* E-mail your logo to [info@lldss.org](mailto:info@lldss.org).  
Please make sure your logo is 300 dpi  
and is print ready.

## Questions or Information?

LLDSS Website: [www.lldss.org](http://www.lldss.org)  
LLDSS Facebook Page:  
<https://www.facebook.com/LincolnLandDownSyndromeSociety/>  
LLDSS Golf Outing Event Page:  
<https://www.facebook.com/events/595789277671274/>

Call Jane Nicoletta (Golf Outing Chair)  
(217) 971-4179



## Golf Outing Registration

- 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: \$ \_\_\_\_\_

Please register on-line at [www.LLDSS.org](http://www.LLDSS.org) or submit this registration and payment to:

LLDSS  
2704 Newcastle Ct.  
Springfield, IL 62711