



2016 IPPFA MidAmerican Golf Outing

Brute & Highlands Golf Course

October 4, 2016

Sponsorship Information Sheet

Sponsor Company Name: _____

Contact Person: _____

Phone Number: _____ E-Mail: _____

> Mark your selection & return this sheet along with your payment as soon as possible. Our sponsorship deadline is September 2, 2016.

Thank you for your continued support.



_____ LUNCH SPONSOR: **\$1500**



_____ BADGE & BUGLE LEVEL: CART SPONSOR **\$1000**
(Sponsor the golf carts for all players)



_____ FLAG LEVEL: PRIZE SPONSOR **\$500**
(Tournament Winners/Contest/Raffle Prizes)

_____ **RED, WHITE & BLUE** LEVEL: OASIS SPONSOR **\$350**
(Provides Beverages on the Course)



_____ STAR LEVEL: HOLE SPONSOR **\$125**
(Single hole sponsor)

My Company Will Provide

_____ DONATE 150 Sleeves of Golf Balls for All Players

_____ DONATE 150 Tee Packs for All Players

_____ DONATE 150 Golf Towels for All Players

**** These should be shipped to the IPPFA Office by SEPT 16th**

PAYMENTS & DONATIONS

Make check payable to IPPFA

Mail to: IPPFA

2587 Millennium Dr., Unit C

Elgin, IL 60124

Email: special-events@ippfa.org

2016 IPPFA MIDAMERICAN GOLF OUTING
Tuesday, October 4, 2016
Brute & Highlands Golf Course – Lake Geneva, WI



LIMITED SPACE AVAILABLE—REGISTER EARLY

Full Payment required to secure your spot must be RECEIVED before SEPTEMBER 2nd

Check in Starts @ 8:30 am Best Ball Shotgun Start @ 10:00am

If you are not signing up as a complete foursome please specify golfers you would like to be paired with for the event; all attempts will be made to accommodate these requests.

\$90.00 per Golfer / \$360.00 per foursome

Price Includes golf w/ cart, BBQ lunch and beverages on the course

____ Golf for one ____ Foursome

Golfer Names (PLEASE PRINT)

Name	Email	Company/Dept
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

TOTAL \$ _____

ALL PAYMENTS MADE PAYABLE TO: IPPFA

PAYMENT INFORMATION (check one)

____ I am paying by check: # _____

____ I am paying by credit card: Visa ____ MC ____ Am Ex ____ Discover ____ Expiration Date _____

Card Number: _____

Name on Card and Signature: _____

Billing Address: _____ City: _____ State: ____ Zip: _____

E-mail: special-events@ippfa.org

Fax: 630-784-0416

Mail to: IPPFA, 2587 Millennium Dr., Unit C, Elgin, IL 60124

CANCELLATION NOTICE: 100% refund of registration fee will be issued only if written notification is received prior to September 3, 2016. There will be no refund issued if notification is received after September 3, 2016. All refunds will be mailed after the conference.

NO GOLF REFUNDS AFTER 09/03/16

NON MEMBER INVESTMENT SERVICES: Please call the IPPFA office for registration information (630 784-0406)