

# CEO GOLF *Invitational*

# 2025 RESPONSE FORM

WEDNESDAY, JUNE 18, 2025  
TALONS GOLF, ANKENY, IA

**SCHEDULE OF EVENTS:**

**10:30 AM**  
Registration Opens

**11:00 AM**  
Lunch

**12:15 PM**  
Teams Depart for Starting Hole

**12:30 PM**  
Shot Gun Start  
[Maximum 120 ppl / 30 Foursomes]

**5:00 PM**  
Reception and Car Barn Viewing

## SPONSOR INFORMATION

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

I want to sponsor the following:

Presenting Sponsor \$100,000

Corporate Sponsor \$50,000

Title Sponsor \$25,000

Eagle Sponsor \$15,000

Pavilion Sponsor \$15,000

Birdie Sponsor \$10,000

Lunch Sponsor \$10,000

Oasis Sponsor \$7,500

The Tubs Sponsor \$7,500

Golf Cart Sponsor \$7,500

Refreshment Sponsor \$5,000

Car Barn Sponsor \$5,000

Reception Sponsor \$5,000

"Rob's Side" Sponsor \$5,000

Entrance Sponsor \$5,000

Game Hole Sponsor \$5,000

Wheel of Education \$3,000

Hole Sponsor Level 1 \$3,000

Bridge Sponsor \$3,000

Hole Sponsor Level 2 \$2,000

Putting Green Sponsor \$1,000

Note: Previous year's sponsors are given first right of refusal of their sponsor level.

## PLAYER INFORMATION (\$750 PER PLAYER)

Number of players \_\_\_\_\_ (\$750 per player)

\* Please note individual players/pairs will be matched to complete a foursome unless you indicate player preference.

You will be notified of your assigned golf time. Based upon availability.

### PLAYER 1

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

### PLAYER 3

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

### PLAYER 2

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

### PLAYER 4

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

## PAYMENT OPTIONS:

Total Sponsorship \$ \_\_\_\_\_  Total Players \$ \_\_\_\_\_

I'm unable to participate this year, but I want to assist DMACC students. I would like to make a tax-deductible donation for:

\$10,000  \$5,000  \$2,500  \$1,000  \$500  \$250  \$100  \$ \_\_\_\_\_

**TOTAL AMOUNT DUE \$** \_\_\_\_\_

Enclosed is my check made payable to DMACC Foundation.

Please invoice me. Month to be invoiced \_\_\_\_\_

Please contact me at \_\_\_\_\_ so I can provide a member of the Foundation staff with my credit card information.



# Thanks for your support!