

Tee **UP** *for*
 **DOWN**
Syndrome

Bill Fallis Memorial Golf Tournament

A benefit for the Northwest Down Syndrome Association (NWDSA)

MONDAY, OCTOBER 11, 2010

Persimmon Golf Club - Gresham, Oregon

Registration Begins: 8:00am • Shotgun Start: 9:00am • Awards BBQ: 3:00pm

IN-KIND DONATION - UNLIMITED

- Any item(s) or experience that can be used for raffle, auction, contest prizes, or tournament goodie bags

EACH \$140 ENTRY INCLUDES:

- Golf, cart, range balls, continental breakfast & family-friendly BBQ dinner (*\$200 value*)
- Drawing for 3 hour golf fitness assessment (*\$300 value*)
- Professional on-course photo, 2 mulligans, 1 raffle ticket, and various FREE prizes

HOLE SPONSOR - \$500

- Company name on signage at Tee Box
- Entry for one player (*\$140 value*)
- Thank you in NWDSA newsletter
- Thank you during dinner program
- And much more!

CONTRIBUTING SPONSOR - \$2,500

- One foursome (*\$500 value*)
- Listing on NWDSA produced banner / sign
- Company name on signage at Tee Box
- Thank you in NWDSA newsletter
- Thank you during dinner program
- And much more!

SUPPORTING SPONSOR - \$5,000

- Two foursomes (*\$1100 value*)
- Corporate banner displayed at registration and dinner
- Top listing on NWDSA produced banner / sign
- Thank you in NWDSA newsletter
- Thank you during dinner program
- Company name highlighted at First Tee Box
- And much more!



BILL FALLIS MEMORIAL GOLF TOURNAMENT REGISTRATION FORM

SIGN ME UP!

- Just let me make a donation!
Total enclosed \$ _____
- Golfing Participant(s) _____ Players
(\$140 per player/\$500 for a foursome)
- Awards BBQ Only For _____ People
(\$15 per person; under age 12 free)
- Hole Sponsor - \$500
- Contributing Sponsor- \$2,500
- Supporting Sponsor - \$5,000

COMPANY INFORMATION (if applicable)

Company Name: _____
 Contact Person: _____
 Phone: _____
 Mailing Address: _____
 City / State / Zip: _____
 Email Address: _____

*Please make checks payable to: NWDSA
(Federal Tax ID #91-1765165)*

For your security, contact Melanie Fallis for credit card payments. Ph:503.666.6272

PLAYER INFORMATION

PLAYER 1 NAME: _____ Phone: _____ Mailing Address: _____ City / State / Zip: _____ Email Address: _____ PGA Handicap or average 18 hole golf score: _____	PLAYER 2 NAME: _____ Phone: _____ Mailing Address: _____ City / State / Zip: _____ Email Address: _____ PGA Handicap or average 18 hole golf score: _____
PLAYER 3 NAME: _____ Phone: _____ Mailing Address: _____ City / State / Zip: _____ Email Address: _____ PGA Handicap or average 18 hole golf score: _____	PLAYER 4 NAME: _____ Phone: _____ Mailing Address: _____ City / State / Zip: _____ Email Address: _____ PGA Handicap or average 18 hole golf score: _____

Please return this form to: Tee UP for DOWN Syndrome
 Bill Fallis Memorial Golf Tournament
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