



**KANSAS ADULT CARE EXECUTIVES INVITES YOU
TO ATTEND OUR
ANNUAL GOLF TOURNAMENT**

**Tuesday, August 22, 2017
Hidden Lakes Golf Course
6020 Greenwich Rd.
Derby, KS 67037**

**Registration & Lunch (BBQ will be served) at 11:00; Shot Gun Start at 12:00 p.m.
A shuttle will be available at the Marriott starting at 10:00 a.m.**

Contact Information:

Name _____
Company/ Facility Name _____
Address _____
City, State & Zip _____
Phone # _____
Email _____

I would like to: (check all that apply)

_____ Register as an individual - \$95 (a team will be assigned)

Golfer's Name: _____

or

_____ Register as a team - \$380 (\$95 each)

Please list players' names on your team:

Team Capt. 1.) _____
2.) _____
3.) _____
4.) _____

Payment Amount & Method

**Please complete this form and return it
no LATER than Tuesday, August 1, 2017
to:**

**KACE
1505 SW Fairlawn Rd., Suite B
Topeka, KS 66604
785-273-4393 Fax: 785-273-8681
Email: kace@kaceks.org**

Amount Due: \$ _____

Payment method:
 Check Visa MasterCard
 Discover American Express
 Invoice Us

If paying by credit card:

Card number _____ Exp. Date _____
Security Code _____ Billing Address (with City and Zip) _____
Name on the card _____

Please make checks payable to KACE.

Sponsor an Administrator to Golf: _____ @ \$95
(name of golfer)

All sponsorships and donations will be recognized with a golf sign posted on the course. We are looking for Nursing Facilities, Vendors, and Individuals to be our sponsors.

_____ Drink Cart Sponsorship \$250 (includes 1 free golfer)

_____ Lunch Sponsorship \$250 (includes 1 free golfer)

_____ Hole Sponsorship \$175 (includes 1 free golfer)

_____ Golden Mulligan \$25 (one per team, use 1 mulligan per hole any shot)

_____ Donation or cash \$ _____ to purchase giveaways

Will you be golfing: Yes or No

**Bring some extra cash - Have a Pro drive for you and
Closest to the Pin—Double your money!**