



THE COUNCIL ON SEXUAL ASSAULT & DOMESTIC VIOLENCE INVITES YOU TO THE:

8<sup>TH</sup> ANNUAL  
 “DRIVING OUT VIOLENCE”  
 GOLF CLASSIC

**Monday, June 4, 2018 – Shotgun Start at NOON**

Please complete this form and **fax** to (712) 226-2035, **mail** to CSADV, PO Box 1565, Sioux City, IA 51102 or **call** Misty Howard at (712) 277-0131.

Additional forms may be found at [www.csadvsiouxland.org](http://www.csadvsiouxland.org) **Please register on or before May 28th, 2018.**

Name/Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Golf participants at \$250 each:**

1. \_\_\_\_\_ **Banquet:** Yes \_\_\_ No \_\_\_  
 2. \_\_\_\_\_ **Banquet:** Yes \_\_\_ No \_\_\_  
 3. \_\_\_\_\_ **Banquet:** Yes \_\_\_ No \_\_\_  
 4. \_\_\_\_\_ **Banquet:** Yes \_\_\_ No \_\_\_

**I/We prefer to golf with:**

1.Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 2.Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 3.Name: \_\_\_\_\_ Company: \_\_\_\_\_

**Sponsorship levels:**

\_\_\_\_ "Fore Family" **\$10,000**  
 \_\_\_\_ "Fairway of Support" **\$5,000**  
 \_\_\_\_ "Eagle of Empowerment" **\$3,500**  
 \_\_\_\_ "Birdie of Hope" **\$1,500**

**Tee/Green Sponsorship:**

**(Unless included in sponsorship package)**

#Tee/Green Signs \_\_\_\_\_ @ \$200 each for a total of \$ \_\_\_\_\_

**Sponsor/Company Name for signs (logo not included):**

\_\_\_\_ "Registration" **\$6000**  
 \_\_\_\_ "Cart" **\$2,500**  
 \_\_\_\_ "Lunch" **\*\* cost is contingent on attendance**      \_\_\_\_ "Banquet" **\*\*cost is contingent on attendance**

**Banquet** additional guests \_\_\_\_\_ at \$50 each for a total of \$ \_\_\_\_\_

**Golf club** rental \_\_\_\_ Right \_\_\_\_ Left \_\_\_\_\_ at **\$50** each for a total of \$ \_\_\_\_\_

**Charitable contribution: (fully tax deductible)** \$ \_\_\_\_\_

**Payment (required before the tournament):**

Check enclosed: \_\_\_\_ Yes \_\_\_\_ No

**Credit card information:**

Visa \_\_\_\_ MC \_\_\_\_ American Express \_\_\_\_ Discover \_\_\_\_  
 Account number: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 3 Digit number on back of card: \_\_\_\_\_  
 Physical address (required): \_\_\_\_\_  
 Signature (required): \_\_\_\_\_

Golf fees	\$
Sponsorship fees	\$
Banquet additional	\$
Golf club rental	\$
Charitable contribution	\$
Total	\$
Please make checks payable to CSADV	
P.O. Box 1565, Sioux City, IA 51102	