

# BRAIN INJURY ASSOCIATION OF ILLINOIS

## 23rd Annual Golf Outing and Dinner

Tuesday August 22, 2017

Highland Park Country Club – 1201 Park Avenue West

### Sponsorships & Registrations

\_\_\_\_\_ Platinum - \$5,000

\_\_\_\_\_ Gold - \$2,500

\_\_\_\_\_ Silver - \$1,000

\_\_\_\_\_ Beverage Cart - \$3,000

\_\_\_\_\_ Golf Cart - \$2,000

\_\_\_\_\_ Lunch Sponsor - \$1,500

\_\_\_\_\_ Photo Sponsor - \$750

\_\_\_\_\_ Registration Sponsor - \$1,000

\_\_\_\_\_ Awards Sponsor - \$1,000

\_\_\_\_\_ Driving Range Sponsor - \$600

\_\_\_\_\_ Hole Sponsor - \$500

#### **Golf**

\_\_\_\_\_ **Golf ticket - \$225**

\$ \_\_\_\_\_

(Includes 18 holes of golf, cart, lunch, dinner)

\_\_\_\_\_ **Golf Foursome - \$800**

\$ \_\_\_\_\_

(Includes 18 holes of golf, cart, lunch, dinner)

#### **Dinner**

\_\_\_\_\_ **Dinner ticket(s) - \$60 per person**

\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

#### **Online Option - Register and pay at <http://www.biaill.org>**

I would like to make a contribution of \$\_\_\_\_\_ to the Brain Injury Association of Illinois.

\_\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Please bill my \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover in the amount of \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature (as on card) \_\_\_\_\_ CSC/CVV Code \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please list names in golf foursome, or [\_\_\_\_\_] assign me to a foursome

\_\_\_\_\_  
\_\_\_\_\_

Completed registration/sponsorship form can be returned to the Brain Injury Assn of Illinois:

Mail:

BIA of Illinois

PO Box 70

Palos Heights, IL 60463

Email: [info@biaill.org](mailto:info@biaill.org)

Fax: 312.630.4011

Phone: 312.726.5699

Online: [www.biaill.org](http://www.biaill.org)