

13th ANNUAL  
Tee It Up **GOLF**  
TOURNAMENT  
to Benefit Infant Loss Resources

NEW Date  
& Start Time!!

Swope Memorial-- August 14, 2020 ... 8am Start Time

### INDIVIDUAL REGISTRATION

**\$100 by July 3rd** (Early Bird Price)

Payment must be received or postmarked by 4/15.

**\$125—July 3– August 14**

Registration fees must be paid in advance to receive the discounted prices. Thank you!

### EVENT DETAILS

**Noon—12:30** — Registration

**1:00pm** Shotgun Start

**4:00** Raffle Ticket Sales End

**After Tournament** Dinner Program & Raffles

### FORMAT

Four Person Scramble

### FEES INCLUDE

- BBQ Buffet after tournament
- Drinks (2 drink tickets provided)
- Green Fees
- Cart Fees with GPS yardage system
- Prizes/Awards for both men & women
- Raffle ticket for prize drawings

### MULLIGANS & RAFFLE TICKETS

Mulligans are \$20 - Includes 1 mulligan & 4 raffle tickets. Raffle tickets are available - 4 for \$10.

### BUBBA DRIVE

\$20 per team - your drive can be 150 yards out from the pin in the middle of the fairway, start on stroke 2.

### PRIZES FOR MEN AND WOMEN

- Closest to the pin
- Longest Drive
- 1st, 2nd and 3rd Flight

### SPONSORSHIP OPPORTUNITIES

SPONSOR! Your company gets recognition and it is a great Networking Opportunity! SEE the back of this Page for Levels!

### ABOUT INFANT LOSS RESOURCES



Infant Loss Resources

SUPPORT FOR FAMILIES | EDUCATION FOR CAREGIVERS

Infant Loss Resources, Inc. (formerly SIDS Resources) is dedicated to fighting the tragedy of infant death through safe sleep education, which teaches steps to significantly reduce the risk and grief support to those who have lost a baby. All services are provided **free of charge**.

### QUESTIONS

EMAIL [Cindy@infantlossresources.org](mailto:Cindy@infantlossresources.org)  
Or CALL 913-269-5717

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# REGISTRATION FORM

## REGISTRATION Contact INFO

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## TEAM INFORMATION

**Team Name:** \_\_\_\_\_

Player 1: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Player 2: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Player 3: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Player 4: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## REGISTRATION — Visit, Email or Mail

1. VISIT: [InfantLossResources.org](http://InfantLossResources.org)
2. EMAIL: [cindy@infantlossresources.org](mailto:cindy@infantlossresources.org)
3. MAIL: PO Box 11542  
Overland Park, KS 66207

## ENTRY CARD

\_\_\_ Tournament Sponsor (\$10,000)  
 \_\_\_ Title Sponsor (\$5000)  
 \_\_\_ Hole In One Sponsor (\$2000)  
 \_\_\_ Eagle Sponsor (\$1000)  
 \_\_\_ Dinner Sponsor (\$600)  
 \_\_\_ Beverage Cart Sponsor (\$400)  
 \_\_\_ Hole Sponsor (\$200)  
 \_\_\_ Goody Bag Sponsor (150 items)  
 \_\_\_ Raffle Item Sponsor

**\$100 by 7/3.....\$125 from 7/3—8/14**

\_\_\_ Mulligans (\$20 includes Mulligan + 4 Raffle Tickets)  
 \_\_\_ Raffle Tickets (4 for \$10) \_\_\_  
 \_\_\_ Bubba Drive (\$20 per team)

Additional Donation \$ \_\_\_\_\_

Does your employer match individual donations? \_\_\_  
 Please list employer: \_\_\_\_\_

## PAYMENT INFORMATION

**TOTAL AMOUNT:** \_\_\_\_\_

\_\_\_ Check enclosed  
 \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name on Card: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Sign \_\_\_\_\_