

IACO Annual Bill Foster Memorial Golf Outing

When: April 23, 2017
Agenda: Registration begins at 11:15 a.m.
Lunch: 11:30 a.m. - 12:15 p.m.
Chipping/Putting Contest: 11:30 a.m.
Shotgun Start: 12:15 p.m.
Dinner at Clubhouse 5:00 p.m.

Where: Piper Glen Golf Course - 7112 Piper Glen Drive, Springfield
Visit www.piperglen.com for more information and directions.

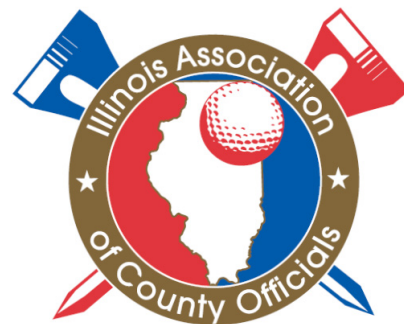
Format: 4-Person Scramble Golf Outing & Dinner. IACO will be responsible for organizing foursomes unless specified. Golf is limited to the first 144 golfers so register today!

Dress Code: You must wear a collared shirt! A strict dress code is enforced.

Golf Fees: \$75 per golfer (includes cart, greens fee, drinks, lunch, dinner and prizes)

Dinner: Refreshments and dinner (5:00 PM) are provided by the generosity of our sponsors.

Awards: Team and individual prizes will be awarded. Affiliate teams will compete for bragging rights.



Sponsor fees help to cover the expense of the course beverages, dinner, prizes and other outing expenses for the attendees. Sponsorship does not include golf!

Sponsorship Opportunities

- Hole/Affiliate Sponsors (\$150)
Sponsors will have the ability to set a table on a hole and sponsor a golf game. Feel free to get creative.
- Lunch Sponsor (\$500)
- Beverage Sponsor (\$500)
- Dinner Sponsor (\$500)

Door Prizes:

- Yes, I will bring a door prize(s). Quantity: _____
Description of prize(s): _____

Questions? Contact Tamiko Kinkade at
Phone: (217) 585-9065 - Email: tk@tkcpsolutions.com
or, Scott LePenske, Golf Outing Chairman
at Phone 331-228-1488 LePenske@devnetinc.com

Please make checks payable to IACO and return to:

NEW ADDRESS IL Association of County Officials
P.O. Box 9296
Springfield, IL 62791-9296

Please print all information clearly.

The following person is responsible for our team.

Team Coordinator Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Player #1 Name: _____

Player #2 Name: _____

Player #3 Name: _____

Player #4 Name: _____

Is this Team competing as an Affiliate Team? Yes No

If Yes, Affiliate Organization: _____

Enclosed is our check to cover the following:

____ Number of Golfers - \$75 each \$ _____

____ Sponsorship Amount* \$ _____

Total Enclosed: \$ _____