

2023 Lincoln Land Down Syndrome Society 17th Annual Golf Outing

Golf Outing Information

When: Friday, May 26th, 2023

Where: Edgewood Golf Club

See <http://www.golfedgewood.com/> for directions and course policies.

Schedule & Cost:

11:00 am - Lunch/Registration
12:30 pm - Shotgun Start
5:00 pm - Dinner
Fee: \$90/Golfer

Included: 18 holes of golf and cart (Four Person Scramble), drink tickets, gift package, lunch and dinner.

Prizes: Cash prizes plus:
longest drive, longest putt
closest to the pin prizes.

LDSS Information

For over 20 years LLDSS has acted as a support network for families having a member with Down syndrome residing in and around Sangamon County. LLDSS is an Illinois not-for-profit, tax-exempt organization, which promotes awareness, acceptance, inclusion and education of people with Down syndrome and other special needs.



Sponsorship Information

Proceeds from this year's event will go towards the LLDSS scholarship program and a new Special Needs Organization Grant Program. With this new program, organizations that serve the Special Needs community can apply for up to \$500 in grant money to help defray operating costs. By offering this grant, we hope to provide funding for smaller, less well known or funded programs. Please consider a Sponsorship for our golf outing.

Sponsorship Levels:

- \$100 tee box sponsor
- \$150 tee box sponsor with logo*
- \$250 lunch sponsor*
- \$500 dinner sponsor*

* E-mail your logo to info@lldss.org. Please make sure your logo is 300 dpi and is print ready.

Questions or Information?

LLDSS Website: www.lldss.org
LLDSS Facebook page:
<https://www.facebook.com/LincolnLandDownSyndromeSociety/>
LLDSS Golf Outing Event Page:
<https://www.facebook.com/events/1323938098182330>

Call Jane Mosey-Nicoletta (Outing Chair)
(217) 971-4179

Golf Outing Registration

- Limited to 1st paid 36 foursomes -

Team Member #1: _____

Address: _____

City, State, Zip: _____

Email: _____

Team Member #2: _____ IF APPLICABLE

Address: _____

City, State, Zip: _____

Email: _____

Team Member #3: _____ IF APPLICABLE

Address: _____

City, State, Zip: _____

Email: _____

Team Member #4: _____ IF APPLICABLE

Address: _____

City, State, Zip: _____

Email: _____

Sponsor Registration

Sponsor Name: _____

Contact Name: _____

Contact Phone Number: _____

Sponsorship Level: \$ _____

Please register on-line at www.LLDSS.org or submit this registration and payment to:

LLDSS/Jane Mosey-Nicoletta
1808 S. Walnut
Springfield, IL 62704