

2022 Lincoln Land Down Syndrome Society 16th Annual Golf Outing

Golf Outing Information

- When:** Friday, May 27th, 2022
- Where:** Edgewood Golf Club, Auburn
See 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.

LLDSS 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

Money raised will go towards the LLDSS scholarship program and the Be Humble Gym. Be Humble's mission is to provide a safe & encouraging space for physically and mentally challenged individuals to pursue fitness activities (weight lifting, cardio, post-injury strengthening). We'd love to help them build their new gym facility and expand their offerings to serve more ages & abilities. 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*
- \$1000 golf ball 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/470113174853186>

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

Golf Registration

Golf 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
4942 Turkey Run Rd.
Sherman, IL 62684