

## KNIGHTS OF COLUMBUS DEVELOPMENTAL CENTER

The Knights of Columbus Developmental Center at SSM Health Cardinal Glennon Children's Hospital supports children with autism and other neurodevelopmental disorders in reaching their highest potential through comprehensive evaluation, care, family guidance, education and innovative research. With continuous funding provided through Missouri Columbian Charities, Illinois State Council, Missouri and Illinois Local Councils and generous individual contributions, the center was opened in 1981. It was the first in the region dedicated to children with intellectual developmental disorders. In 2007, the Knights of Columbus Developmental Center was designated as a Missouri Autism Center by the Missouri Department of Mental Health.

Over the past two decades, increased understanding of the complex function of the brain allows them to identify a child's developmental disorder at an early age, resulting in appropriate educational and early intervention programs, enabling a child to reach his or her fullest potential.



Lynn Bock, Speech Pathologist at The Knights of Columbus Developmental Center, with a patient

## SPONSOR LEVELS

<b>Platinum</b>	<b>\$3,000</b>
Two foursomes and program inside cover or back cover	
<b>Gold</b>	<b>\$1,500</b>
One foursome and program inside cover or back cover	
<b>Silver</b>	<b>\$1,000</b>
One foursome and full page in program	
<b>Red</b>	<b>\$500</b>
1/2 page in program	
<b>White</b>	<b>\$250</b>
1/4 page in program	
<b>Blue</b>	<b>\$125</b>
Listed in program	

### Additional opportunities for sponsors this year will include the following:

Lunch	\$1,000
Hats (with your logo)	\$1,000
Towels (with your logo)	\$800
Zipper bags (with your logo)	\$600
Bag tags (with your logo)	\$400
(includes recognition in program)	

## SPONSOR/DONOR INFORMATION

I would like to make a donation or sponsor the event.

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Donation Item: \_\_\_\_\_  
 Sponsor Level: \_\_\_\_\_

**Sponsors and Donors: Please provide print ready high resolution pdf file for program recognition brochure by**

**September 11, 2020**

### Print Ready Art Size Requirements:

Full page: 4.25" W x 7.15" H  
 1/2 page: 4.25" W x 3.25" H  
 1/4 page: 4.25" W x 1.5" H

20th Annual

# TEE OFF FOR THE KIDS

**Saturday, October 10, 2020**

### Pevely Farms Golf Club

400 Lewis Road  
 Eureka, MO. 63025  
 636-938-7000

### PROCEEDS BENEFIT:

SSM Health Cardinal Glennon  
 and the  
 Knights of Columbus Charity Fund



ST. ALBAN ROE  
 COUNCIL 12022

## FOUR PERSON SCRAMBLE

### Registration is open to all

Entry fee of \$140\* per player entitles you to the following:

- 18 holes, range balls and cart
- Lunch and beverages. Refreshments available throughout the day
- Gift Bag
- Post Golf Refreshments

*\*Value of golf package is \$55*

## EVENT SCHEDULE

8:00 am	Registration <i>Donuts &amp; Coffee served</i>
8:30 am	Range Opens
9:00 am	Shotgun start
2:30 pm	Lunch and Tournament Results

## TAKE A SWING AT THE GREEN WHILE ENJOYING...

- Longest drive and closest to pin contests
- Mulligans and Skins game

## HOW CAN I HELP?

- Sign-up and play
- Be a sponsor

## PAYMENT

Total Entry Fee(s) @\$140 \$ \_\_\_\_\_

Sponsor Fee(s) \$ \_\_\_\_\_

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

### Make check payable to:

Knights of Columbus Charity Golf Tournament

### Please return this form and payment to:

Knights of Columbus 12022  
P.O. Box 512  
Wildwood, MO 63040

First 124 paid entries will comprise the field.  
***No entry reserved without payment.***

## QUESTIONS?

For additional information, please call:

Don Bieber 314-910-1355  
John Butler 314-753-2007

## PLAYER INFORMATION:

**Please list all players**

### PLAYER ONE:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PLAYER TWO:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PLAYER THREE:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PLAYER FOUR:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_