

**BRAIN INJURY ASSOCIATION OF ILLINOIS**  
**31st Annual Golf Classic and Lunch**  
**Wednesday September 24, 2025**  
**Deerfield Golf Club – 1201 Saunders Road Riverwoods, IL 60015**

**Sponsorships & Registrations**

_____ Platinum - \$5,000	_____ Gold - \$2,500	_____ Silver - \$1,000
_____ Beverage Cart - \$3,000	_____ Golf Cart - \$2,000	_____ Lunch Sponsor - \$1,500
_____ Registration Sponsor - \$1,000	_____ Awards Sponsor - \$1,000	_____ Basket Sponsor - \$100
_____ Driving Range Sponsor - \$600	_____ Hole Sponsor - \$500	

**Golf**

\_\_\_\_\_ **Golf ticket - \$200** \$ \_\_\_\_\_  
(Includes 18 holes of golf, cart, lunch buffet, drinks on the course)

\_\_\_\_\_ **Golf Foursome - \$750** \$ \_\_\_\_\_  
(Includes 18 holes of golf, cart, lunch buffet, drinks on the course)

**I would like to make a contribution to the Brain Injury Association of Illinois \$ \_\_\_\_\_**

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

**NOTE: Registration Deadline is Tuesday, September 9<sup>th</sup> for the Golf Classic**  
**Online Option - Register and pay at <http://www.biaill.com>**

\_\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Please bill my \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover in the amount of \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature (as on card) \_\_\_\_\_ CSC/CVV Code \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Mobile/Text Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please list names in golf foursome, or [\_\_\_\_\_] assign me to a foursome

\_\_\_\_\_  
\_\_\_\_\_

**Completed registration/sponsorship form can be returned to the Brain Injury Assn of Illinois:**

**Mail:**  
**BIA of Illinois**  
**PO Box 70**  
**Palos Heights, IL 60463**

**Email: [info@biaill.org](mailto:info@biaill.org)**  
**Online: [www.biaill.com](http://www.biaill.com)**  
**Phone: 312.726.5699**  
**Fax: 312.630.4011**