



AASPI Golf Outing Chairman, *Nick DePaul of Parkville**
Auto Body Invites You to Our 2020
Annual Golf Outing
September 3, 2020
Old Orchard Country Club, Mt Prospect, IL - 847-255-2025

“SHOTGUN START” 10:00 am - Arrive by 9:00am to Register

***Nick DePaul, Parkville Auto Body - 630-860-0010**

You can be a hole sign sponsor for \$250.00

\$140.00 PER GOLFER (\$560.00 foursome)
 Price includes 18 holes, lunch, dinner banquet, and door prizes

Reserve a foursome now with just your business name!!!

Business Name: _____
Contact's Name & Phone: _____
Contact's Email: _____
Golfer #1: _____
Golfer #2: _____
Golfer #3: _____
Golfer #4: _____

For additional golfers make a copy of this form.

_____ # of Golfers @\$140 = \$ _____
 _____ # of Hole Sponsors @ \$250 = \$ _____
 _____ # of Banquet Only @ \$50 = \$ _____
 _____ Banquet Sponsor \$1,500 = \$ _____
 _____ Refreshment Cart Sponsor \$1,800 = \$ _____
Total Cost \$ _____

Payment Deadline: September 1st

Payment Options for your convenience:

1. **Invoice** for online payment
(email form to membership@aspi.org)
2. **Fax** your form with credit card information to the AASPI Office **217-753-8384**
3. Call **AASPI** with your credit card information: 217-528-5230 ext. 103
4. Mail form with check or credit card information to **AASPI:**

Alliance of Automotive Service Providers of Illinois
 726 South 2nd Street
 Springfield, IL 62704

\$2,000 from Golf Outing proceeds will be given to Misericordia Heart of Mercy "Providing continuum of care for people with developmental disabilities."

SPONSORS LISTED ON AASPI WEBSITE

Platinum Sponsors

Fix Auto

Gold Sponsors

- AkzoNobel
 Axalta Coating Systems
 BASF
 Enterprise Holdings
 FinishMaster
 Jack Phelan Auto
 Micro Auto Paint & Supplies
 Mobile Auto Solutions
 PPG Industries
 Sherwin Williams

Silver Sponsors

- ABC Auto Parts
 Bankcard Analytics
 Erie-Lasalle Body Shops
 Gold Coast
 Hawk Auto
 Mayer's Collision Center
 National Coating and Supply/Single Source
 Parkville Auto Body

Invoice to be sent to above listed email address for online payment

Visa MasterCard American Express Discover

Card # _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

Cardholder Name (Please Print): _____

Signature: _____ \$ _____

OR

Check #: _____ \$ _____