

A Tournament to Benefit KMCA's PRO TRUCK PAC

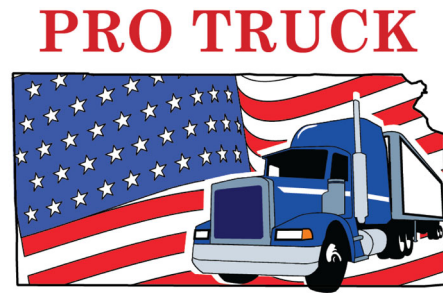
Thursday, June 1, 2023

Schedule

Registration - 11:30 a.m.

Lunch (Provided) - 12:00 p.m.

Shotgun Start - 1:00 p.m.



PRO TRUCK GOLF CLASSIC

Sand Creek Station • 920 Meadowbrook Dr. • Newton, KS 67114

Title Sponsor - \$3,000
(ONE AVAILABLE)
Lunch, Beverage Cart, Hole-In-One,
Dispatch, www.kmca.org and Social Media

Hole Sponsor - \$200
Hole Sponsor, Dispatch, www.kmca.org and
Social Media

Platinum Sponsor - \$1,000
Goodie Bags, Hole Sponsor, Dispatch,
www.kmca.org and Social Media

If you have any items that you would like to donate for the tournament, please contact Deann Williams, deann.williams@kmca.org or (785) 267-1641.

COMPANY NAME, CITY AND STATE AS YOU WOULD LIKE IT DISPLAYED:

Payment Information

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Payment Method: Check _____ VISA, Mastercard, Discover or American Express? _____

3 Digit ID Code _____ Total Enclosed for Sponsorships: \$ _____

Name on Card _____

Card Number _____ Expires _____

Payment MUST accompany this form!

KMCA PRO TRUCK PAC • P.O. Box 1673 • Topeka, KS 66601 • Fax: 785.266.6551

A Tournament to Benefit KMCA's PRO TRUCK PAC

Golf Registration

PRO TRUCK

Thursday, June 1, 2023

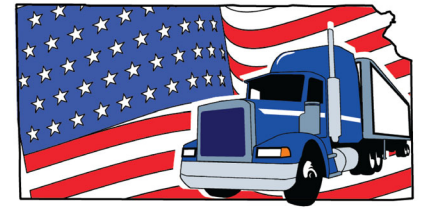
Sand Creek Station, 920 Meadowbrook Dr. Newton, KS 67114

Registration Deadline: May 25, 2023 @ 12:00 PM

Entry Fee: \$99 per person or \$356 per foursome - A \$40 Discount

Schedule: Registration - 11:30 a.m., Lunch Provided - 12:00 p.m.

Shotgun Start - 1:00 p.m.



GOLF CLASSIC

1. NAME AND COMPANY _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ E-MAIL _____

2. NAME AND COMPANY _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ E-MAIL _____

3. NAME AND COMPANY _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ E-MAIL _____

4. NAME AND COMPANY _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ E-MAIL _____

Payment Information

****Payment must accompany registration****

____ Enclosed is a check payable to KMCA PRO TRUCK PAC

____ I authorize the charge to the credit card I have specified.

____ Visa ____ Mastercard ____ American Express ____ Discover

Credit Card number _____ Exp Date _____

Name on Card _____ 3-digit code _____

Please specify if all people listed are on the same team, or note who they would like to be paired with.

Return this form to KMCA PRO TRUCK PAC, P.O. Box 1673, Topeka, KS 66601
785.267.1641 • Fax: 785.266.6551 • events@kmca.org