



## GOLF REGISTRATION & GOLF SPONSORSHIP FORM

### April 1, 2024 @ The National Golf Club of Kansas City

A scramble tournament (w/ shotgun start) is scheduled, starting with a 12:00 Noon tee-off at The National Golf Club of Kansas City, 6700 N. National Drive, Kansas City, MO 64152. [www.invitedclubs.com](http://www.invitedclubs.com) You may sign up a golf foursome or sign up individually and we will place you on a team. Check-in and box lunch starts at 11:00 am. Appropriate golf attire is required (collared shirt with sleeves, NO denim, NO cut-off shorts, proper shoes.) Cash prizes will be awarded.

GOLF REGISTRATION				Total
Name (please print)	Company	Select one option for each registrant.		\$200 per golfer
		Play with those listed	Pair with someone	
<b>GOLF SPONSORSHIP/S</b> (✓ below and complete total for sponsorship)				
<i>Additional sponsorship options for entire Convention event can be found on separate Convention Registration Form.</i>				
<i>Sponsorship Deadline: For best exposure on your investment, please commit no later than March 15.</i>				
	<b>Hole Sponsorship</b>	* Logo on signage at tee boxes of golf course	<b>\$100</b>	
	<b>Lunch Sponsorship</b>	* One (1) Sponsorship available * Recognition at event	<b>\$500</b>	
	<b>Beverage Sponsorship</b>	* Two (2) Sponsorships available * Beverage carts are stationary at two different locations on course, which golfers pass five times. Sponsor can accompany cart.	<b>\$500</b>	
<b>TOTAL (includes golf and/or sponsorships)</b>				

**No refunds after March 25, 2024.**

**How to Register:**

**Complete form and return to:**

AGCMO  
1221 Jefferson Street  
Jefferson City, MO 65109  
Fax: 573.634.3510  
Cheryl Gentges @ [cgentges@agcmo.org](mailto:cgentges@agcmo.org) OR  
Kerry Bax @ [kbax@agcmo.org](mailto:kbax@agcmo.org)

**Questions:**

Cheryl @ 573.636.3189

**PRE-PAYMENT REQUIRED W/ REGISTRATION:**

- Check enclosed (Payable to AGCMO)
- Credit card payment
  - American Express  Visa  MasterCard  Discover

Card # \_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_

Security Code \_ \_ \_ \_ Expiration Date \_ \_ / \_ \_

Name on Card \_\_\_\_\_

Company \_\_\_\_\_

Billing Zip for Card \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*Receipt will be emailed when credit card is processed.*