



Player Registration

3 WAYS TO REGISTER!
 FAX: 816.404.3442 | EMAIL: kelsie.fell@tmcmed.org
 MAIL: TMC Charitable Foundation, 2310 Holmes, Suite 735, Kansas City, MO 64108
 For more information, please call 816.404.3430

Company Name _____

Recognize As _____

Sponsorship Amount _____

Address _____

Your Team

Player Name 1 _____

Phone _____

Email _____

Shirt Size _____ Cut M / F

Player Name 2 _____

Phone _____

Email _____

Shirt Size _____ Cut M / F

Player Name 3 _____

Phone _____

Email _____

Shirt Size _____ Cut M / F

Player Name 4 _____

Phone _____

Email _____

Shirt Size _____ Cut M / F

Enclosed is our sponsorship in the amount of: \$ _____

*We would like to pre-pay for a Golf Baby Golf Bundle of the Day for \$50 per player which includes:

- One Golf Ball Drop contest entry
- One Tiger Woods contest entry per player
- One Mulligan per player
- Two raffle prize drawing entries per player

*You may also participate in this opportunity on tournament day.

Number of Players _____ x \$50 = \$ _____

TOTAL AMOUNT \$ _____

Payment Enclosed Send Invoice Credit Card

Card Number _____ Exp. Date _____ CSV _____

Name of Cardholder _____ Daytime Phone _____

Signature _____