Please fill out the information below

Name/Con	npany:		
Address: _			
City:	State:	Zip:	
Email:			
Phone:			
Amount Er	nclosed: \$		

Closest to the pin: Name of company

Longest putt: Name of company



Individual and Team Registration

Payment Type : (circle one) Check or Credit Card	Individual and Team Registration	
If paying by check mail to:	Player 1:	
MOKAN STMA		
P.O. Box 29124	Player 2:	
Parkville, MO 64152	•	
If paying by credit card email to: <u>mokanstma@gmail.com</u>	Player 3:	
Name on Card:		
Credit Card #:	Player 4:	
Exp. Date: Security Code:	•	
Signature:	\$50 per person: \$200 per team	

Please fill out and return with payment in order to reserve your spot! For questions please contact Denny Haggerty at 913-208-7913 or dhaggerty@olatheks.org

Tomahawk Hills Golf Course 17501 Midland Dr., Shawnee, KS 66217

When: August 11th (Thursday), 2016 Registration: 7:30am; Shotgun Start @ 8:30ar	
Sponsorships and donations Tee sponsorship: \$35 one tee; \$60 two tees; \$75 three tees	
Longest drive: Prize, donation, or service will be dependent upon sp Closest to the pin: Prize, donation, or service will be dependent upo Longest putt: Prize, donations, or service will be dependent upon sp	n sponsor
Tee sponsorship: # of signs\$ Name on sign: Longest drive: Name of company Prize_donation_or service provided	

Prize, donation, or service provided Prize, donation, or service prov