

REGISTRATION INFORMATION



Please complete this registration form and detach at edge.
Mail with entry fee and donation to 1507 Mills Dr. Columbia, MO

TOURNAMENT ENTRY

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Team of Four | \$600 Individual | \$150

Place me on a team

I would like to play with the following individuals:

1. _____

2. _____

3. _____

SPONSORSHIPS

\$10,000 Title \$1,000 Team Level

\$5,000 Presenting \$300 Hole Sign

\$2,000 Lunch Donation \$ _____

Make checks payable to Columbia KLIFE. KLIFE is fully funded by our local community. All donations are tax-deductible.

A receipt will be mailed to the above address for your records.

A: 1507 MILLS DRIVE COLUMBIA, MO 65203
E: MICHAEL.MUELLER@KLIFE.COM

KLIFE
1507 MILLS DRIVE
COLUMBIA, MO 65203



MONDAY, JUNE 5

country club of missouri
1300 woodrail ave. columbia, mo

a fundraiser benefitting

KLIFE

presented by

The Insurance Group

StorageMart



THE
CURTRIGHT
FAMILY



COLUMBIA ORTHOPAEDIC GROUP



SPORTS MEDICINE