

*ALLIED CONFERENCE  
ANNUAL GOLF  
TOURNAMENT*

**M O N D A Y J U L Y 1 5 , 2 0 1 9**

*West Woods Golf Club*

*6655 Quaker St, Arvada, CO 80007*

*7:00 am Registration*

*8:00 am Shotgun Start*

*Continental Breakfast will be provided, awards lunch to follow tournament*

**\$160.00 Per Player or \$600.00 Per Foursome**

Deadline for Golf Registration is July 8, 2019  
Email form to [pam@cmca.com](mailto:pam@cmca.com) or fax to Pam at 303-477-6977

Name

Company

Phone #

E-Mail

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**Payment is required at time of registration**

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

Card # \_\_\_\_\_ Sec Code# \_\_\_\_\_ Exp. \_\_\_\_\_

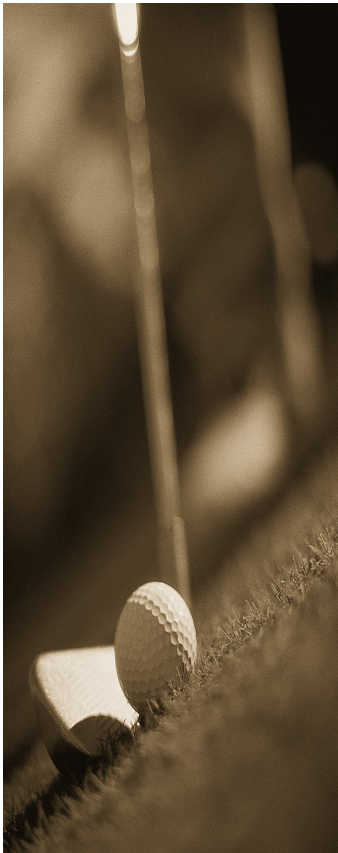
Billing Address for Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**JULY 15, 2019**

**ALLIED GOLF TOURNAMENT  
AT WEST WOODS GOLF CLUB**

**Sponsorship  
Opportunities**



**Hole Sponsor \$350**

*Sign with company name  
Recognition in golf program*

*Additional \$100 allows 1 Sponsorship Representative  
at the hole with golf cart and meals. Include name on  
Registration.*

**Hole-In-One Sponsor \$600**

*Booth set up at hole for 2 Company Representatives.  
(Include names on Registration.)  
Sign with company name  
Recognition in golf program*

**Breakfast Sponsor ~\$2,500**

*One Player free  
Sign with company name  
Recognition in golf program*

**Beverage Cart Sponsor \$2,000**

*One player free  
Sign with company name  
Recognition in golf program*

**Awards Lunch Sponsor \$ 3,500**

*Two Players free  
Sign with company name  
Recognition in golf program*

COMPANY NAME \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PAYMENT METHOD: CHECK ~ CREDIT CARD

CREDIT CARD # \_\_\_\_\_ EXP. \_\_\_\_\_ SEC. CODE \_\_\_\_\_

SPONSORSHIP \_\_\_\_\_

REPRESENTATIVE NAME \_\_\_\_\_