

CMCA SUMMER GOLF TOURNAMENT

MONDAY JULY 11, 2022

Arrowhead Golf Course

10850 Sundown Trail, Littleton, CO 80125



7:00 am Registration
8:00 am Shotgun Start

Continental Breakfast will be provided, awards lunch to follow tournament



\$175.00 Individual / \$675.00 Foursome

Deadline for Golf Registration is July 4, 2022

No refunds after cutoff date.

Email form to patti@cmca.com

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 11, 2022

**CMCA SUMMER GOLF TOURNAMENT
AT ARROWHEAD GOLF COURSE**

**Sponsorship
Opportunities**



Hole Sponsor \$400

Sign with company name and recognition in the golf program

For an additional \$200 get One Company Representative at the hole with a golf cart and meals. Please include name on Registration form.

*Note: table, chairs and tent not included in price**

Hole-In-One Sponsor \$800

Sign with company name and recognition in the golf program

Two Company Representatives at the hole with a golf cart and meals. Please include name on Registration form.

*Note: table, chairs and tent not included in price**

#2 Beverage Cart Sponsor - \$2,500

One Complimentary Player - please include name on Registration form

Sign with company name and recognition in the golf program

* All Hole Sponsors are required to bring their own tables, tents and chairs, if you wish to sit at your hole. If you will require the course to set up your tables, chairs and tent there will be a \$100 charge per hole and golf cart rental is \$150. Additional breakfast will be billed at \$12 per person, lunch will be billed at \$30 per person. You must pre-reserve all food, course set up and golf carts by July 4, 2022

Breakfast Sponsor - Flood and Peterson

#1 Beverage Cart Sponsor - MHC

Awards Lunch Sponsor - Transwest

COMPANY NAME _____

NAME ON CARD _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CREDIT CARD # _____ EXP. _____ CVC _____

SPONSORSHIP _____

REPRESENTATIVE NAME(S) _____

ADDITIONAL MEALS# _____ CARTS# _____ COURSE SET# _____

E-MAIL PATTI@CMCA.COM