



Sponsorship Opportunity KMCA Pro Truck Golf Classic

A Tournament to benefit KMCA's Pro Truck PAC

Wednesday, June 6, 2018

Registration: 10:30 a.m.

Lunch: 11:00 a.m.

Shotgun Start: Noon

Sand Creek Station, 920 Meadowbrook Drive, Newton, KS 67114

Title Sponsor - \$3,000 (One available)

Lunch, beverage cart, hole-in-one, Dispatch, KMCA website and social media

Platinum Sponsor - \$1,000

Goodie bags, hole sponsor, Dispatch, KMCA website and social media

Hole Sponsor - \$200

Hole sponsor, Dispatch, KMCA website and social media

If you have any items that you would like to donate for the tournament, please contact Tom Whitaker, tomw@kmca.org or (785)267-1641. All sponsors will be recognized in the Dispatch, the KMCA website and social media. RETURN FORM: Kansas Motor Carriers Association Pro Truck PAC, PO Box 1673, Topeka, KS 66601 or email to sstacy@kmca.org. Reservations must be submitted by Thursday, May 31, 2018.

COMPANY NAME, CITY AND STATE AS YOU WOULD LIKE IT DISPLAYED:

TOTAL ENCLOSED FOR SPONSORSHIPS: _____

NAME: _____ COMPANY: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____ EMAIL: _____

PAYMENT METHOD: _____ CHECK _____ CREDIT CARD

CARD NUMBER: _____

EXPIRATION: _____ 3 DIGIT CODE: _____

NAME ON CARD: _____

Golf Registration

Wednesday, June 6, 2018

Sand Creek Station, 920 Meadowbrook Drive, Newton, KS 67114

Registration Deadline: Thursday, May 31, 2018

Entry Fee: \$99 per person or \$356 per foursome - A \$40 discount

Registration: 10:30 a.m. Lunch: 11:00 a.m. Shotgun Start: Noon

RETURN FORM: KMCA Pro Truck PAC, PO Box 1673, Topeka, KS 66601 or email to [sstacy@kmca.org](mailto:ss Stacy@kmca.org). Reservations must be submitted by Thursday, May 31, 2018.

NAME AND COMPANY: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

NAME AND COMPANY: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

NAME AND COMPANY: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

NAME AND COMPANY: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

PAYMENT INFORMATION

*****Payment must accompany registration*****

_____ Enclosed is a check payable to KMCA Pro Truck PAC.
_____ I authorize the charge to the credit card I have specified.

_____ Visa _____ Mastercard _____ American Express _____ Discover

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ 3-Digit Code: _____