

# Kirksville Area Chamber of Commerce

304 South Franklin Street | Kirksville, MO 63501 | 660-665-3766

# **26th Annual Chamber Golf Outing**

FRIDAY, AUGUST 7, 2020 | Kirksville Country Club

A unique feature of the Chamber Tournament is that each hole has fun activities, free prizes or food!



8:30-9:45 am Check-In 10 am Shotgun Start 4 pm 19th Hole Awards

Winners announced & prizes awarded outside, at the 19th hole near the score board. Thanks to our 19th Hole Sponsor, when you turn in your score cards, you'll receive a snack box to replenish yourself after a fun day on the links.

### **19th Hole Sponsor:**



# **Drink Sponsors:**



<u>Non-refundable Tournament fees includes:</u> green fees for 4 people, various food and giveaways on the course. (2) complimentary drink tickets per player thanks to our drink sponsors.

#### If we cancel due to COVID-19:

- Request a refund
- Request a transfer of entry fee to the 2021 Tournament
- Defer contribution to Chamber of Commerce general funds for operation (default option: if we do not receive a specific request by August 14, 2020)

H	Holiday Inn Express & Suites
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AN IHG® HOTEL

<b>Tournament Fees:</b>					
\$260.00 team	\$	_ Early Bird Registration—Must be received no later than Fri., July 10, 2020			
\$280.00 team	\$	Registration	Registration Form must be received at the Chamber office by Wed., July 22, 2020		
Golf Carts @ \$35 # ordered	\$		Carts must be ordered by Wed. July 29, 2020  No refund for carts ordered and not used  Non-members of the Country Club can now		
Mulligans @ \$5/person	\$	One per playe	One per player, 4 per team		
Pro Shot @ \$5/team	\$	Bypass the tee box on Hole # 18 & start where Club Pro's ball landed!			
Total Due  Team Registration	\$	Payment Enclosed \$ Invoice Me Please remit all payments to the Kirksville Area Chamber of Commerce at the address provided above.			
Player names must be re	eceived prior to tour	nament for pair	ing.		
Team Name			Team Captain Em	ail	
Sponsoring Business			Team Captain Pho	one	
Mailing Address			Player #1		
			Player #2		
Preferred Team Pairing (not guaranteed)		Player #3			
			Player #4		

Payment Info for Cham	ber Office Use:	
Payment Remitted From:		
Address For The Payer:		
<u> </u>		
Phone Number:		
Payment Amount:		
Check #:	Cash:	
If the payment is split, ple	ease use the additional spo	ace below to record each payment.
Payment Info for Cham	ber Office Use:	
Payment Remitted From: _		
Address For The Payer:		
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Phone Number:		
Payment Amount:		
Check #:	Cash:	
Payment Info for Cham	ber Office Use:	
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