



1731 Southridge Dr., Suite D  
Jefferson City, MO 65109

# Inaugural Pro-Life Golf Classic Sponsored by



Benefiting



Friday, May 21, 2021

Osage Country Club

1:00 PM Shotgun Start - Lunch Served at Noon

Osage Country Club

193 County Road 605, Linn, Missouri

5-Person Scramble \$50 Per Golfer

Register soon! Registration is limited to only 15 teams.

# Inaugural Pro-Life Golf Classic Sponsored by Legends Bank

## Golf Team Registration Information

1) Captain \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

4) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

5) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

*If you do not have a team, please fill out the first slot, change "Captain" to "Individual," and we will assign you to a team.*

Please send non-refundable registration fee of **\$50** per golfer with completed registration form to:  
1731 Southridge Dr., Suite D, Jefferson City, MO 65109 or  
(Fax: 573-635-1383)

**Registration deadline Friday, May 14.**

### I will support the Golf Classic with the following Sponsorship:

- |   |   |
|---|---|
| <input type="checkbox"/> \$2,500 Corporate Sponsor (1 Complimentary Fivesome) | <input type="checkbox"/> \$250 Program Sponsor              |
| <input type="checkbox"/> \$1,000 Exclusive Sponsor (2 Complimentary Golfers)  | <input type="checkbox"/> \$100 Hole Sponsor                 |
| <input type="checkbox"/> \$500 Cart Sponsor                                   | <input type="checkbox"/> Friend of Vitae (\$_____ donation) |

All sponsorships include program recognition.

**PLEASE LIST MY SPONSORSHIP AS:** \_\_\_\_\_

Through your sponsorship, you will receive name recognition in our official tournament program provided to each golfer. For accounting and IRS purposes, the Vitae Foundation must receive this completed form to provide credit for your cash or in-kind contribution. According to IRS guidelines, \$35 of the registration fee for each golfer/player may be deducted as a charitable contribution.

Name/Business Contact: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### All checks must be made payable to the Vitae Foundation.

Enclosed is my/our check in the amount of \$\_\_\_\_\_ for  golf registration fee  sponsorship  both

Please bill my  Mastercard  VISA  Discover  AMEX Expiration Date: \_\_\_\_\_ cvv/cvc \_\_\_\_\_

Card # \_\_\_\_\_ Signature: \_\_\_\_\_

Questions? Contact Eddie Mulholland (573) 634-4316 - Eddie.Mulholland@VitaeFoundation.org