

DISTRICT 6 GOLF TOURNAMENT

Company: _____

Contact: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Email: _____

TOTALS

Number of Players (x \$90.00) \$ _____

Missouri Corn Growers Association
3118 Emerald Lane
Jefferson City, MO 65109

Return checks and registrations to:

Missouri Corn Growers Association
3118 Emerald Lane • Jefferson City, MO 65109
Fax (573) 893-4612 • membership@mocorn.org

OR

Wayne Boschert
5118 Blase Station Road
St. Charles, MO 63301

**Make checks payable to:
St. Charles County Corn Growers**



23rd Annual District 6 Missouri Corn Growers Golf Tournament

Hosted by St. Charles County
Corn Growers

Tuesday, July 7

Warrenton Golf Course
9 a.m. Registration
10 a.m. Start



Tuesday, July 7

Warrenton Golf Course
24085 S Hwy 47
Warrenton, MO

9 a.m. Registration
10 a.m. Start

\$90 per person

Includes: green fees, golf cart and prizes. Brats provided before the start, as well as beverages throughout the day. Dinner and prizes provided after the tournament. Additional players may be added for incomplete teams.

Arrival Time: Please have your team arrive by 9 a.m. to ensure a prompt 10 a.m. start. **Captains are responsible for checking in their team the morning of the event.**

Prizes: Door prizes; awards for top teams, longest drive, longest putt and closest to the pin.

Sponsorship Opportunities

\$500, \$250, \$200 and \$100 levels available.

For sponsorship information and payment, please contact:

Wayne Boschert (636) 219-2266 or
Jim Bethmann (314) 707-7090
St. Charles County Corn Growers

Thank you for your continued support.

GOLFER REGISTRATION

Must be completed in its entirety.

1. Name: _____
Farm Name/Company: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Email: _____

Check which one applies to you: Grower: Associate:

2. Name: _____
Farm Name/Company: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Email: _____

Check which one applies to you: Grower: Associate:

3. Name: _____
Farm Name/Company: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Email: _____

Check which one applies to you: Grower: Associate:

4. Name: _____
Farm Name/Company: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Email: _____

Check which one applies to you: Grower: Associate: