



1451 Peters Mountain Road
 Dauphin, PA 17018-9504
 (717) 497-4154
KAFMO@aol.com
www.KAFMO.org



www.sportsturfmanager.org

KAFMO Cup Scholarship Partner

Your opportunity to be a major contributor to KAFMO's Waddington/Harper Scholarship Fund while increasing your company's exposure to the KAFMO membership. All proceeds go directly into the scholarship fund.

The 2018 KAFMO Cup Golf Outing will be held on Monday, October 8, 2018, at the Foxchase Golf Club, 300 Stevens Rd., Stevens, PA 17578. As a KAFMO Cup Scholarship Partner, your company will receive:

- ❖ A foursome in the tournament
- ❖ Special recognition during the tournament awards presentations
- ❖ Recognition in an upcoming issue of *Pennsylvania Turfgrass*
- ❖ Recognition during the awards ceremony at the KAFMO Athletic Field Conference in February.
- ❖ Opportunity to distribute company materials/merchandise (company furnishes) to each golfer (approximately 100)

KAFMO Cup Scholarship Partner: \$1,000

Note: \$100 KAFMO Hole Sponsorships will still be available but are separate and will be offered on the tournament brochure.

KAFMO Cup Scholarship Partner Registration Form

Online registration is available at www.KAFMO.org

Online submittals require an email account that you are currently logged on to. If you do not receive an email confirmation, please contact Linda Kulp at kulp1451@gmail.com or 717-497-4154.

Registration Deadline: Friday, October 5, 2018 **Make check(s) payable to:** KAFMO
Return to: Attn: Linda Kulp, KAFMO, 1451 Peters Mountain Rd., Dauphin, PA 17018-9504;
 Phone: (717) 497-4154 Email: kulp1451@gmail.com

Contact Person: _____

Company Representative: _____

Company Name: _____
 (to be put on the signs)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ Fax #: () _____

E-Mail: _____

Please email your company logo to kulp1451@gmail.com (JPEG File)

Credit Card Payments ___ Visa ___ Master Card ___ Discover ___ American Express

Card # _____ Total Amount \$ _____

Exp. Date _____ Security Code _____ Credit Card Billing Zip Code _____

Signature _____

Send Email Confirmation to _____ Phone # _____