AFMA
ARIZONA FOOD MARKETING ALLIANCE

We-Ko-Pa Registration Form

Corporate Name: _____

Contact Name: _____

Street: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Email: _____

Golfer #1: _____

Golfer #2: _____

Golfer #3 _____

Golfer #4: _____

- **Foursome:** _____ $5,000.00
- **Hole Sampling 1 Course:** _____ $1,000.00
- **Hole Sampling 2 Courses:** _____ $2,000.00
- **Swag &Treat Table:** _____ $ Free

Total: _____ $_____

April 11, 2023

Questions :
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