

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: _____ **\$** _____

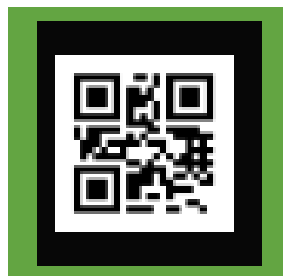
April 11, 2023

Questions :

Kristi Briceno

602-483-9711

KBriceno@afmaaz.org



AFMA

120 E. Pierce St.

Phoenix, AZ 85004

Office: 602-252-9761