



GOLF FOR GOOD

27TH ANNUAL

The Bar Plan Foundation Charity Golf Tournament for the Benefit of the Volunteer Attorney Project

FRIDAY, AUGUST 18, 2023
8:00 AM - SHOTGUN START

WINTERSTONE GOLF COURSE
17101 EAST KENTUCKY RD
INDEPENDENCE, MO 64058

SPONSORSHIP OPPORTUNITIES*

EAGLE LEVEL SPONSOR \$1,000

Exclusive Hole Sponsorship
4 - Person Team

BIRDIE LEVEL SPONSOR \$500

Exclusive Hole Sponsorship
2 Players

HOLE SPONSOR \$300

One Hole Sponsorship

VAP CADDY

\$100 or more donation

**ALL SPONSOR LEVELS RECEIVE RECOGNITION IN ALL TOURNAMENT MATERIALS*

HOST SPONSOR
GM LAW PC

PLAYER RATES

Register by August 1st and **SAVE!**

FOUR PERSON TEAM

\$460 (\$520 after August 1st)

INDIVIDUAL PLAYER

\$115 (\$140 after August 1st)

EXTRAS (On Course Events)

(**NOT** included w/ any Sponsor/Team purchase)

MULLIGANS

\$60 (for 4)*

ANNIKA DRIVE

\$20 per team

PUTTING CONTEST

\$20 per team (\$5 per person-two putts)

TEAM VALUE PACKAGE

\$80 per team (\$100 value)

- 4 Mulligans*
- 1 Annika Drive
- 4 Putting Contest Entries

***MAXIMUM 8 MULLIGANS PER TEAM**

TOURNAMENT AGENDA

7 AM	REGISTRATION OPENS
8 AM	WELCOME & SHOTGUN START
AFTER GOLFING	AWARDS PRESENTED
	LUNCHEON

Please call 816-627-2250 or email
lscott@lawmo.org for more information.

**ALL PLAYERS RECEIVE 20% DISCOUNT
ON GOLF SHOP PURCHASES**

OFFICIAL SPONSORSHIP & ENTRY FORM

NAME _____ TELEPHONE _____

FIRM/BUSINESS/ORGANIZATION _____ EMAIL _____

ADDRESS _____ CITY/STATE/ZIP _____

- EAGLE LEVEL SPONSOR (\$1,000)** **HOLE SPONSOR (\$300)**
 BIRDIE LEVEL SPONSOR (\$500) **VAP CADDY (\$100 OR MORE)**

NAME AS IT SHOULD APPEAR ON SPONSORSHIP LISTING _____

- FOUR-PERSON TEAM (\$460/\$520 AFTER AUGUST 1ST)**
 INDIVIDUAL PLAYER (\$115/\$140 AFTER AUGUST 1ST)

EXTRAS! NOT included with any Sponsor or Team purchase

- PUTTING CONTEST ENTRY FEE - NUMBER NEEDED: _____**
(\$5 PER PLAYER)
 MULLIGANS PACK (\$60 FOR 4) - NUMBER OF 4-PACKS: _____
MAXIMUM 8 MULLIGANS PER TEAM (including Team Value Package)
 ANNIKA DRIVE (\$20 PER TEAM)
 TEAMVALUE PACKAGE (\$80)
(see front for details)

PLAYER NAME _____ ADDRESS _____

PLAYER NAME _____ ADDRESS _____

PLAYER NAME _____ ADDRESS _____

PLAYER NAME _____ ADDRESS _____

PAYMENT INFORMATION

\$ _____

TOTAL DUE

- CHECK ENCLOSED
MAKE PAYABLE TO: VAP GOLF

If you prefer to provide your credit card info over the phone, please call 816-627-2250.

PLEASE CHARGE MY:

- AMEX
 MASTERCARD
 VISA
 DISCOVER

CARD NUMBER

NAME ON CARD (PLEASE PRINT)

EXPIRATION DATE CVV

BILLING ADDRESS:

Mail to VAP Golf Tournament, 4001 Dr. Martin Luther King, Jr. Blvd., Suite 300, KCMO 64130,
email lscott@lawmo.org or fax 816-474-1578

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