



29TH ANNUAL

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

FRIDAY, AUGUST 15, 2025
8:00 AM - SHOTGUN START

TIFFANY GREENS GOLF CLUB
5900 NW TIFFANY SPRINGS PARKWAY,
KANSAS CITY, MO 64154

SPONSORSHIP OPPORTUNITIES*

~~CART SPONSOR \$2,500~~ **NO LONGER AVAILABLE**

Cart Recognition
4 - Person Team
Game Package

~~LUNCH SPONSOR \$2,000~~ **NO LONGER AVAILABLE**

Table Tent Recognition
4 - Person Team
Game Package

EAGLE LEVEL SPONSOR \$1,250

Exclusive Hole Sponsorship
4 - Person Team
Game Package

BIRDIE LEVEL SPONSOR \$750

Exclusive Hole Sponsorship
2 Players
Game Package for 2 Players

HOLE SPONSOR \$400

One Hole Sponsorship

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

HOST SPONSOR
GM LAW PC

PLAYER RATES

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

FOUR PERSON TEAM

\$500 (\$600 after August 1st)

INDIVIDUAL PLAYER

\$125 (\$150 after August 1st)

NEW!

GAME PACKAGE

\$100 per team

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

TOURNAMENT AGENDA

7 AM	REGISTRATION OPENS
8 AM	WELCOME & SHOTGUN START
AFTER GOLFING: LUNCH & AWARDS	

*ALL SPONSOR LEVELS RECEIVE RECOGNITION IN ALL TOURNAMENT MATERIALS

OFFICIAL SPONSORSHIP & ENTRY FORM

NAME _____ TELEPHONE _____

FIRM/BUSINESS/ORGANIZATION _____ EMAIL _____

ADDRESS _____ CITY/STATE/ZIP _____

- ☐ ~~CART SPONSOR (\$2,500)~~ ☐ ~~LUNCH SPONSOR (\$2,000)~~
☐ EAGLE LEVEL SPONSOR (\$1,250) ☐ HOLE SPONSOR (\$400)
☐ BIRDIE LEVEL SPONSOR (\$750)

NAME AS IT SHOULD APPEAR ON SPONSORSHIP LISTING _____

- ☐ FOUR-PERSON TEAM (\$500/\$600 AFTER AUGUST 1ST)
☐ INDIVIDUAL PLAYER (\$125/\$150 AFTER AUGUST 1ST)
☐ GAME PACKAGE (\$100 PER 4-PERSON TEAM)
(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 mweber@lawmo.org or fax 816-474-1578

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