

LEADERSHIP IDAHO AGRICULTURE

Golf Scramble

FRIDAY, JUNE 7, 2019



BREAKFAST PRIOR TO 9:00AM SHOTGUN START • LUNCH AFTER TOURNAMENT
CANYON SPRINGS GOLF COURSE • 199 CANYON SPRINGS RD. • TWIN FALLS, ID

INDIVIDUAL / TEAM INFORMATION

INDIVIDUAL: \$125 TEAM: \$500

Tournament format is 4-person scramble. If you register as an individual, you will be placed on a team.

Team/Company Name _____

Team Captain _____ Handicap _____

Email _____ Phone _____

Golf Polo Size _____ Mulligans (\$5 each) _____ Licorice Ropes (\$5 each) _____

Team Member #2 _____ Handicap _____

Golf Polo Size _____ Mulligans (\$5 each) _____ Licorice Ropes (\$5 each) _____

Team Member #3 _____ Handicap _____

Golf Polo Size _____ Mulligans (\$5 each) _____ Licorice Ropes (\$5 each) _____

Team Member #4 _____ Handicap _____

Golf Polo Size _____ Mulligans (\$5 each) _____ Licorice Ropes (\$5 each) _____

REGISTRATION & PAYMENT DEADLINE: FRIDAY, MAY 31, 2019

REGISTER BY PHONE, QUESTIONS, OR SPONSORSHIP INFORMATION:

Kendra Dustin, Development Director / 208.859.6780 / kendra@amgidaho.com

CONTINUES ON REVERSE SIDE



SPONSORSHIP / DONATION OPPORTUNITIES

- Executive Sponsorship - \$10,000
- Presenting Sponsorship - \$5,000
- Dinner Sponsor - \$3,500
- Apparel Sponsor - \$2,500
- Hole Sponsor - \$250
- I would like make a contribution to the Leadership Idaho Agriculture Foundation: \$ _____
- Lunch Sponsor - \$1,500
- Bar/Beverage Sponsor - \$1,000

DETAILED SPONSORSHIP INFORMATION AVAILABLE IN OUR SPONSORSHIP PACKET!

CONTACT: Kendra Dustin, Development Director / 208.859.6780 / kendra@amgidaho.com

The Leadership Idaho Agriculture Foundation is a 501(c)(3) organization as granted by the IRS on June 7, 1994.

PAYMENT METHOD

Please add all fees and total them here. Please fill out separate forms if necessary.

- A check is enclosed in the amount of \$ _____
(Make checks payable to LIA Foundation)
- Please charge my credit card (AmEx, Discover, MC, & VISA accepted)
Name on Card _____
Card No. _____
Exp. Date _____ CVV _____ Amount \$ _____
- Please invoice me in the amount of \$ _____
Billing: Company (if applicable) _____
Contact Person _____
Address _____
City/State/Zip _____
Email _____
Phone Number _____



MAIL COMPLETED FORM(S) WITH PAYMENT TO:

LIA Foundation / 55 SW 5th Avenue, Suite 100 / Meridian, ID 83642

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INFO + REGISTRATION AVAILABLE AT WWW.LEADERSHIPIDAHOAG.ORG 