

2024 NOWRA Mega-Conference



GOLF TOURNAMENT

Get ready to tee off at our Golf Tournament at The Creek at Qualchan. Join us for a day of fun and friendly competition on the greens. All proceeds benefit the NOWRA Emerging Professionals Scholarship Fund.

SATURDAY, OCTOBER 19, 2024

- Cost:** \$150 per person includes: cart, greens fees, and prizes
- Time:** 1:00 PM start. Please arrive no later than 12:30 PM. Registration begins at noon. There will be free use of the driving range prior to the start of the tournament.
- Format:** Four-person scramble "Best Ball". You may make up your own teams. If you are a single or a twosome, we will gladly place you on a team.
- Registration:** Complete the form below below by Friday, October 11th. Payment must be received in full before the start of the tournament.
- Sponsorships:** Sponsorship is the key to the success of this tournament. We will post sponsor signs at each of the tee boxes along the course with your company's name and logo recognizing your support. Other sponsor opportunities available as well.

To register, send your completed form to NOWRA at psmith@nowra.org or by mail or fax (703) 997-5609. Tournament Questions? Call Jon Kaiser at: (508) 308-2767 or email: JKaiser@infiltratorwater.com

www.nowra.org

Revised 9/27/24

Golf Tournament
Saturday October 19, 2024
The Creek at Qualchan Golf Course, Spokane, WA

COMPLETE FORM BELOW

Contact Person:

Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (req'd): _____

Options:

- Golf Registration: \$ _____ (# of players) @\$150 per player
- Hole Sponsorship: \$150 _____
- Hole Sponsorship with your Display Tent: \$500 _____
- Closest to the Pin Sponsorship: **SOLD OUT**
- Longest Drive Sponsorship: **SOLD OUT**
- Merchandise Sponsorship (Golf Ball Logo): **SOLD OUT**
- Additional Donation to Emerging Professionals: _____

Golfers:

Name: _____

Name: _____

Name: _____

Name: _____

Please complete the payment information below. Send completed form and payments to NOWRA at psmith@nowra.org. Make checks payable to: NOWRA, PO Box 982, Westford, MA 01886

Amount Enclosed: \$ _____ Check #: _____ Date: _____

Or Credit Card: VISA M/C Amex Discover Amount of \$ _____

Name on Card: _____ Card Number: _____

Exp. Date: _____ CVV: _____ Billing Zip Code: _____

Register early to so you don't miss out!
Payment must be received in full before the start of the tournament.