



**KWAME
FOUNDATION
16TH ANNUAL
GOLF
TOURNAMENT
8-29-19**

Join us for an exciting, all-new, fun-filled event, at the amazing **TOPGOLF-Chesterfield facility**, to benefit the Kwame Foundation College Scholarship Program.

Event Details:

- Four-hour event, start to finish! (No rain delays!)
- Registration starts 12:00pm
- TOPGOLF facility: 16851 N. Outer 40 Road, Chesterfield, MO 63005
- Don't know TOPGOLF? www.topgolf.com/us/st-louis
- Great for **BOTH** experienced **AND** rookie golfers
- Tournament-style scramble format
- Teams comprised of four golfers
- Bring your own clubs or use TOPGOLF's
- Food & Beer/wine served during the event
- Prizes awarded to top scoring teams
- Hole in One \$25,000 Prize

Register online at www.kwamefoundation.org



NEED MORE INFO?

Call us at 314-862-5344
Email us at swilson@kwamebuildinggroup.com



KWAME FOUNDATION GOLF TOURNAMENT AUGUST 29, 2019

SPONSOR LEVELS

\$10,000 Presenting Sponsor:

3 foursomes in the tournament, Exclusive signage, digital signage in all bays, lunch, cocktails, and recognition on the Kwame Foundation website.

\$5,000 Lunch Sponsor

1 foursome in the tournament, digital signage in 8 bays, lunch, cocktails and recognition on the Kwame Foundation website.

\$2,500 Corporate Sponsors

1 foursome in the tournament, Digital signage in 5 bays, lunch, cocktails, and recognition on the Kwame Foundation website.

\$1,500 Hole-in-one Shootout Sponsor

Digital signage in 4 bays, lunch, cocktails, recognition on the Kwame Foundation website.

\$1,000 Bay Sponsor

Recognition signage located in 3 bays, lunch, cocktails

\$ 500 Individual

Recognition signage located in 1 bay, lunch and cocktails.

\$150 Program Sponsor

Lunch and Recognition in program.

\$100 Non Golfers

Cocktails/Lunch.

**FILL OUT THE FORM BELOW & FAX TO:
314-862-1855**

Player 1 / Team Captain

Name _____

Company/Team Name _____

Daytime Phone/Email Address _____

Player 2

Name _____

Company/Team Name _____

Daytime Phone/Email Address _____

Player 3

Name _____

Company/Team Name _____

Daytime Phone/Email Address _____

Player 4

Name _____

Company/Team Name _____

Daytime Phone/Email Address _____

**Please make checks payable to:
Kwame Foundation or charge your:**

_____ MasterCard _____ Visa

_____ Discover _____ Amex

Card # _____

Exp Date _____ CVS _____

Billing Address _____

City _____ State _____ Zip _____

Authorized Signature / Please Sign Above