



1731 Southridge Dr., Suite D
Jefferson City, MO 65109



2nd Annual Woody Bogler

Memorial Pro-Life Golf Classic

Friday, September 20, 2019

1:00 p.m. Shotgun Start -- Lunch Served at 12:00 Noon



Wolf Hollow Golf Club



Benefiting the Vitae Foundation

Wolf Hollow Golf Club

4504 MO-100, Labadie, Missouri

4-Person Scramble

Senior tees for golfers age 65 and Older

Registration: \$100 Per Golfer

Committee Chairman: Tracy Bogler

Each Golfer Receives Golf Umbrella

2nd Annual Woody Bogler Memorial Pro-Life Golf Classic 2019

Golf Team Registration Information

1) Captain _____
Address _____
City/State/Zip _____
Phone _____
Email _____

2) Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

3) Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

4) Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

If you do not have a team, please fill out the first slot, change "Captain" to "Individual," and we will assign you to a team.

Please send non-refundable registration fee of **\$100** per golfer with completed registration form to:

1731 Southridge Dr., Suite D, Jefferson City, MO 65109 or (Fax: 573-635-1383)

Registration deadline Friday, September 13.

I will support The Golf Classic with the following Sponsorship:

- ☐ \$2,500 Corporate Sponsor (1 Complimentary Foursome)
- ☐ \$1,200 Exclusive Sponsor (2 Complimentary Golfers)
- ☐ \$1,000 Hole-In-One Sponsor
- ☐ \$750 19th Hole Sponsor
- ☐ \$500 Beverage Cart Sponsor
- ☐ \$500 Back Cover Program Sponsor (Limit of 1)
- ☐ \$250 Inside Cover Program Sponsor (Limit of 2)

- ☐ \$125 Hole Sponsor
 - ☐ \$75 Cart Sponsor
 - ☐ Friend of Vitae (\$_____ donation)
 - ☐ In-kind Donation _____ \$_____
- | ITEM DESCRIPTION | VALUE |
|------------------|-------|
| | |
| | |
| | |
- ☐ Pro-Life Classic Volunteer

All sponsorships include program recognition.

PLEASE LIST MY SPONSORSHIP AS: _____

Through your sponsorship, you will receive name recognition in our official tournament program provided to each golfer. For accounting and IRS purposes, Vitae Foundation must receive this completed form to provide credit for your cash or in-kind contribution. According to IRS guidelines, \$38 of the registration fee may be deducted as a charitable contribution.

Name/Business Contact: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

All checks must be made payable to Vitae Foundation.

Enclosed is my/our check in the amount of \$_____ for ☐ golf registration fee ☐ sponsorship ☐ both

Please bill my ☐ Mastercard ☐ VISA ☐ Discover ☐ AMEX Expiration Date: _____ cvv/cvc _____

Card # _____ Signature: _____

Questions? Contact Tracy Bogler (573-764-3700 ext. 101) Tracy@woodybogler.com