All proceeds to benefit

Rocky Mountain Paint Horse Association & Rocky Mountain Quarter Horse Association.



For more information about RMPHA visit www.RMPHA.com



For more information about RMQHA visit www.RMQHA. com

Contact Us

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Send form & payment to:

RMQHA Office Attn: Golf Tournament 22 S. 4th Ave, Ste 306 Brighton, CO 80601 E-mail: office@rmqha.com





Monday, July 10th, 2023 8:00AM



331 Players Club Drive, Castle Rock, CO www.golfplumcreek.com



Tournament Schedule

Monday, July 10th, 2023

7:00 am	Registration				
7:45 am	Depart Club House				
8:00 am	Tournament Begins with a shotgun start				
1:00 pm	Awards Luncheon Player & Team Awards				
	Sponsor Recognition \$10,000				
1000					
at the source Limit form mullisone 2 throws and 1 Cathing					
per team.	<u>Sustom Saddlery</u>				
Player Registration					

Sign up:	Price	
🗖 Individual Player	\$130	
☐ Team (list names below)	\$520	

1	
2	
3	
4	

Team Name_____

Contact Name_____

Email_____

Phone _____

Payment: Check	🗖 Cash	🗖 Visa	□ MasterCard

Name on Card: _____Exp.____

Credit/Debit Card# _____ CCV# _____

*Credit Cards will be charged a 3% convenience fee.

Signature _____

Billing Address:

City/State/ Zip: _____

Sponsorship

As a sponsor you will be recognized in the tournament program, post-event news release, the association's respective magazine/ newsletter and websites.

Larry Pippin Memorial Luncheon Provided

Continental Breakfast Sponsor - \$500

Sponsor's name will appear on promotional materials, signage at the golf course and be included in the luncheon program.

□ Beverage/Player Cart Sponsor - \$150

Sponsors receive beverage cart signage and recognition at the luncheon. (Two cart sponsorships available.)

□ Hole Sponsor - \$100

Sponsors will receive signage on one of the holes and recognition at the luncheon.

□ Gift Sponsor - donated item

Gifts such as golf balls, towels, hats or other items can be donated for gift bags or tournament prizes. Sponsors will be recognized at the luncheon.

Sponsor Name				
Contact Name				
Email				
Phone				
Payment: 🗆 Check 🗖 Cash 🗖 Visa 🗖 MasterCard				
Name on Card:	Exp			
Credit/Debit Card#*Credit Cards will be charged a 3% convenience fee.	_ CCV#			
Signature				
Billing Address:				
City/State/ Zip:				