



Gary Pinkel

GP M.A.D.E.

FOUNDATION

Making A Difference Every-day!



FIFTH ANNUAL GP M.A.D.E.

Par 3

Golf Tourney

May 22, 2023

Registration

Presented by

mpix



Par 3 Golf Tourney

May 22, 2023

Presented by

mpix

Schedule of Events

For More Info

Tournament Co-Chairs:

Pam Bowman

573.690.0249

Lisa Bowman

618.407.1949

GP M.A.D.E. Foundation

Executive Director :

Peggy Kirkpatrick

Peggy@GPMADe.com

573.999.3753

TAILGATE PARTY

Bunker Club – South Endzone

Mizzou Football Field – Columbia, MO

SUNDAY, May 21st 5:00 - 7:00pm

- Fun Activities on Faurot Field
- Light Appetizers and 2 Drink Tickets
- \$20 For Each Non-Golfer Guest

TOURNAMENT

The Club at Old Hawthorne

Columbia, MO

MONDAY, May 22nd

MORNING ROUND

18 HOLE, PAR 3 FORMAT

- 6:30 am - Registration and Player Gift Pickup
- 7:00 am - Driving Range Open
- **7:30 am** - Shotgun Start (*new time*)
- 11:00 am - Buffet Lunch
- Live Auction (*following lunch*)
- Awards following Completion of Morning Competition

AFTERNOON ROUND

18 HOLE, PAR 3 FORMAT

- 11:00 am - Buffet Lunch
- 11:00 am - Registration and Player Gift Pickup
- Live Auction (*following lunch*)
- 1:00 p.m. - Shotgun Start
- Awards following Completion of Afternoon Competition

*Hole-in-One Opportunities
Closest-to-the-Pin Opportunities*

 **Par 3**
Golf Tourney
May 22, 2023

Presented by



Registration

Send completed forms to Peggy@GPMADe.com

OR complete online at GPMADe.org/Golf

Team Name: _____
Company: _____
Contact Person: _____
Address: _____
Email: _____
Cell #: _____

Time
Preference

____ 7:30 am

____ 1:00 pm

Players (List Name, Email (REQUIRED) and Phone)

1. Name: _____ Phone: _____ Email: _____
2. Name: _____ Phone: _____ Email: _____
3. Name: _____ Phone: _____ Email: _____
4. Name: _____ Phone: _____ Email: _____
5. Name: _____ Phone: _____ Email: _____
6. Name: _____ Phone: _____ Email: _____

SPONSORSHIP OPPORTUNITIES

HOLE SPONSOR \$500
 TEAM \$1,800
 FOUNDATION DONATION
____ \$500
____ \$365
____ OTHER

FORM OF PAYMENT

Credit Card
Please charge my credit card: \$ _____
Name on card: _____
Credit Card No: _____
Expiration Date: _____ CVV No: _____
Billing Zip Code: _____
 Invoice Me
 Check

Please make checks payable to:
GP M.A.D.E. FOUNDATION
P.O. Box 665
Columbia, MO 65205