



# CONSTRUCTION SAFETY GROUP OF KANSAS CITY SCHOLARSHIP GOLF TOURNAMENT



"AIR CANNON GOLF BALL LAUNCHER"  
1 FREE SHOT PER PERSON  
INCLUDED WITH REGISTRATION

[WWW.CSGKC.ORG](http://WWW.CSGKC.ORG)

**FRIDAY**

**SEPTEMBER 20, 2019**

Shoal Creek Golf Course  
8905 Shoal Creek Parkway  
Kansas City, MO 64157

✓ **CHECK-IN: 9:00 AM**  
**TEE TIME: 10:00 AM**

Awards Dinner and Raffle Prizes  
at conclusion of golf play.

**EARLY  
BIRD**

Discount: \$150 Per Player

After August 16<sup>th</sup>: \$175 Per Player

*Sponsored by:*

**The Builders'  
ASSOCIATION**

[www.buildersassociation.com](http://www.buildersassociation.com)



## BENEFITING

STUDENTS  
MAJORING IN SAFETY



REGISTRATION FORM ON REVERSE SIDE

# CONSTRUCTION SAFETY GROUP OF KANSAS CITY

## 25<sup>TH</sup> ANNUAL SCHOLARSHIP GOLF TOURNAMENT

TO ENSURE YOUR NAME IS LISTED ON TOURNAMENT DAY FLYER,  
REGISTRATION MUST BE RECEIVED BY FRIDAY, SEPTEMBER 6, 2019

1) Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4) Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PAYMENT INFORMATION (Registration cannot be accepted without payment.)

Early Bird	\$150.00 per player	X _____	entries	=	
After Friday, August 16, 2019	\$175.00 per player	X _____	entries	= \$	_____
Mulligans (Maximum of 4 per Team):	\$ 5.00 Each	X _____		= \$	_____
Total Enclosed -or- Charge to Credit Card				= \$	_____

PLEASE MAKE CHECKS PAYABLE **CONSTRUCTION SAFETY GROUP OF KANSAS CITY** MAIL WITH  
COMPLETED REGISTRATION FORM to: **720 OAK STREET, KANSAS CITY, MO 64106, ATTN: SCARLETT BARBOSA**

**REGISTERING WITH CREDIT CARD: Complete and "SUBMIT BY EMAIL", Fax to 816.421.1385 or Call 816.595.4130.**

DATE	NAME ON CARD	CARD #	EXP. DATE	SIGNATURE
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