

Vendors Association 2014 Commitment Form

Name:		
Address:		
City:	State:	Zip:
Contact Info		
Office:		
Mobile:		
Fax:		
E-Mail:		
Company or Companies Represented:		
1)		
2)		
3)		
4)		
5)		
6)		
O Yes, I want to be a part of the Vendor	s Association	Please Submit By
I am interested in the following Partnersh	nip Levels	January 15, 2014
O Bronze - 1,000 Investment		
O Silver – 2,500 Investment		
O Gold – 3,500 Investment		

Note: All upgraded partnership levels include the Vendors Association

O Platinum – 8,000 Investment

PLEASE RETURN THIS FORM

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