

# 20<sup>th</sup> Annual NDSGA Golf Tournament



## The Tournament

The 20<sup>th</sup> Annual Golf Tournament will have tee times assigned. It is limited to the first 144 players who register and submit payment. The tournament is on Tuesday, August 22, 2023 at Rose Creek Golf Course in Fargo, N.D.

## The Focus

The North Dakota Soybean Growers Association is dedicated to advocating for agriculture. Whether it is on behalf of our farmers or our industry partners, the NDSGA actively works to advance issues important to product profitability.

While we're serious about supporting agriculture, the 20<sup>th</sup> Annual Golf Tournament is all about fun. Grab some friends, put together a team and show your support by playing golf!



## The Specifics

|            |                        |
|------------|------------------------|
| 11:00 a.m. | Registration and Lunch |
| 12:00 p.m. | Shotgun Start          |
| 5:30 p.m.  | Social                 |
| 6:00 p.m.  | Dinner and Prizes      |

Guarantee your spot at the 20<sup>th</sup> Annual Golf Tournament by completing the registration form and submitting payment by August 4, 2023.

## What You'll Get

For your \$125 NDSGA member entry fee, you'll get the chance to play 18 holes on one of the region's finest golf courses—Rose Creek Golf Course. Plus, your registration entitles you to:

- A shared cart
- Lunch and dinner
- Prizes

## Additional Registration Information

\$125 per member  
\$200 for golf and 1-year membership  
\$10 per mulligan (limit of 3 per person)

## Questions?

Call Sandy Miller at (701) 566-9300.

# North Dakota Soybean Growers Association 20<sup>th</sup> Annual Golf Tournament Registration

Please complete and submit this form to register

**Tuesday, August 22, 2023 • Rose Creek Golf Course, Fargo, N.D.**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check all applicable boxes:

Yes, I will be golfing. The following is information for my foursome (*Each golfer MUST be a member of NDSGA*):

| Golfer | Name /<br>Address (street / city, state, zip) | Company Name/<br>Email Address | \$125/<br>Member | \$200/ Golf and<br>Membership | \$10/Mulligan<br>(limit 3/person) |
|--------|---|--------------------------------|------------------|-------------------------------|-----------------------------------|
| #1:    | _____   | _____                          | _____            | _____                         | _____                             |
|        | _____   | _____                          |                  |                               |                                   |
| #2:    | _____   | _____                          | _____            | _____                         | _____                             |
|        | _____   | _____                          |                  |                               |                                   |
| #3:    | _____   | _____                          | _____            | _____                         | _____                             |
|        | _____   | _____                          |                  |                               |                                   |
| #4:    | _____   | _____                          | _____            | _____                         | _____                             |
|        | _____   | _____                          |                  |                               |                                   |

☐ I will be attending the dinner and social time only. Enclosed is my check for \$35.00

**Sub Totals:** \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

☐ I am unable to attend this event, but would like to support the ND Soybean Growers Association with a donation of: \$ \_\_\_\_\_

**Payment Options:**

☐ Please invoice me

☐ I'm sending a check

☐ Please bill my credit card (see below)

**Please submit payment by August 4 to:**  
North Dakota Soybean Growers Association  
4852 Rocking Horse Circle S., Fargo, ND 58104

Please Check **Credit Card:** ☐ Visa ☐ Master Card ☐ Discover

**Name as it Appears on on Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_ 3-digit code on back of card: \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CCV:** \_\_\_\_\_

**Billing Address of Cardholder:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

☐ Please send me a receipt