

2019 Topeka Corporate Games Registration Form



Dear Team Manager,

Thank you for your interest in the 2019 Topeka Corporate Games. Our organization is extremely excited to offer this program to your business and its employees. It is our hope that the Topeka Corporate Games will serve as a team building tool for your business, while providing an outlet to lead an active lifestyle for your employees. Please submit this completed form along your payment in full using the options below. Once your registration has been processed by our staff, you will receive a confirmation email with instructions on submitting your participation list of up to 30 employees.

- Mail: 501 SE Jefferson St., Ste. 22, Topeka, KS 66607
- Email: admin@sunflowergames.com or Fax: 785-235-1308
- Deadline: Wednesday, March 27. Late registrations will not be accepted.
- Businesses may register additional teams at a discounted entry fee of \$600. A separate registration form is required for each additional team.
- Your business has the option of sponsoring the 2019 Topeka Corporate Games for an additional \$300. A listing of corporate sponsorship benefits can found at www.sunflowergames.com.
- If you have any questions please call our office at 785-235-2295 or email admin@sunflowergames.com.

**Please Note: Online registration is highly encouraged
Please visit www.sunflowergames.com for complete event details**

CONTACT INFO.

Business or Organization Name: _____

Please list your Company's Point of Contact Information below (TEAM CAPTAIN):

Contact Name: (First) _____ (Last) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____

Birthdate: ____ / ____ / ____ Email Address: _____

PAYMENT INFO.

Select your option below:

Make check/money order payable to SSG or enter credit card information below.

Entry Fee \$700 Check Cash Master Card Visa

Sponsorship Package \$300 Credit Card Number _____

Expiration Date ____ / ____

TOTAL \$ _____ Name as it appears on card _____

Office use only

PD _____ PM _____ Amount Received _____ Check # _____ ID# _____