

# SPORTSAPALOOZA



**FRIDAY, JULY 17, 2026  
8:30AM SHOTGUN START  
CAPITOL CITY GOLF COURSE**

Please complete the following:

**Only two teams per company, please.**

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Registration **by June 17** x \$150 each golfer \$ \_\_\_\_\_

Registration **after June 17** x \$180 each golfer \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Please invoice me

Check (Please make payable to OMB)

VISA  Mastercard  American Express

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration \_\_\_\_\_ 3 digit code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount to charge \_\_\_\_\_

Signature \_\_\_\_\_

## NAME OF GOLFERS:

1. **NAME** \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Circle One: Male Female

2. **NAME** \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Circle One: Male Female

3. **NAME** \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Circle One: Male Female

4. **NAME** \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Circle One: Male Female

### Return this form to OMB

by mail: 1211 State Avenue NE, Olympia WA 98506

by scan and email: [brianna@omb.org](mailto:brianna@omb.org)

For more information call (360) 754-0912

or email [brianna@omb.org](mailto:brianna@omb.org).

*This form is an agreement between your company and Olympia Master Builders and will be treated as such.*



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— FIVE COUNTIES STRONG —

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Closest to the Pin (Mens)

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Please email Jenn at [membership@omb.org](mailto:membership@omb.org) if you're interested in sponsoring the tournament.