



ChooseNotToUse

Scott County Drug Prevention Task Force
200 Fourth Avenue West, Shakopee, MN 55379-1220
Ron Hocevar, County Attorney, Dave Beer, County Commissioner,
Luke Hennen, County Sheriff, Kathy Welter, Crime and Drug Prevention Coordinator

REGISTRATION FORM

12TH ANNUAL TEE IT UP FOR THE TASK FORCE INVITATIONAL GOLF CLASSIC

September 7, 2018

7:00 Registration

8:00 Shotgun Start

REGISTRATION NOW OPEN – SPACE IS LIMITED SO PLEASE REGISTER EARLY!!

SPONSORSHIP OPTIONS

(All sponsors receive individual signage on the golf course):

- \$5,000 Tournament Sponsor (Includes 8 Golf Registrations – please indicate players below)
- \$1,500 Diamond Sponsor (Includes 4 Golf Registrations – please indicate players below)
- \$1,250 Platinum Sponsor (Includes 4 Golf Registrations – please indicate players below)
- \$1,000 Gold Sponsor (Includes 3 Golf Registrations – please indicate players below)
- \$750 Silver Sponsor (Includes 2 Golf Registrations – please indicate players below)
- \$300 Hole Sponsor
- \$125 – Individual Golfer
- Donation only in the amount of \$_____
- Donation of Auction or Raffle Prize. Please contact me at _____
for pick up of the donation

All registrants will receive 18 holes of golf, a cart and lunch. There will also be several raffles and a live auction. Additionally, if you register before August 15th, you will receive a free round of golf, courtesy of Stonebrooke.

SPONSOR/COMPANY NAME (To Appear on Signage):

If you are registering as an individual but plan to have a team, please indicate what players will be on your team. If you are not sure, please put TBD.

PLAYERS:

EMAIL ADDRESS:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

METHOD OF PAYMENT OPTIONS

- 1. You can pay by sending me a check.
- 2. You can pay by sending me your credit card information.

YOU CANNOT REGISTER THROUGH STONEBROOKE. THANK YOU FOR YOUR COOPERATION!

Amount Enclosed \$ _____

Enclosed is a check made payable to Choose Not to Use

Charge my Visa ___ MC ___ AMEX ___ Discover ___

Credit Card # _____

Exp. Date _____ CSC # _____

Credit Card Holder's Name as on Card _____

Credit Card Holder's Zip Code _____

Credit Card Holder's Phone Number _____

PLEASE NOTE ADDRESS CHANGE!!!

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

ChooseNotToUse
ATTN: Kathy Welter
Crime and Drug Prevention Coordinator
P.O. Box 461
Savage, MN 55378
(952) 239-6885
kwelter@co.scott.mn.us
ChooseNotToUse.org