

# Golf/Networking Event w/TMA MN Chapter

Monday, July 14 @ Brookview Golden Valley

Return completed form to [Minnesota@Turnaround.org](mailto:Minnesota@Turnaround.org) by July 7

**REGISTRATION FEE:** (Includes: Range, 18 holes of Golf, Cart, Boxed Lunch, Happy Hour, and Divine Swine Dinner)

**TMA/SFNet Member:** Early Bird = \$130 (after 7/1 = \$145)

**Non-Member:** Early Bird = \$165 (after 7/1 = \$180)

## Team Members:

- ☐ I request to be placed on a random team. Complete the Participant #1 section/below.
- ☐ I request to be placed on the same team with (confirmed) individuals listed on this form. Complete Participant #1 section/below for yourself & include Team Member information below. TMA will follow up with team members to finalize their registration. Note: We will attempt to assign teams as requested, based on the number of registrants received by July 7.

## PARTICIPANT #1

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Food Allergy

☐ TMA Mbr ☐ SFNet Mbr ☐ Non Mbr

**My average score** (on 18 holes of golf): ☐ Beginner (100+) ☐ Intermediate (90-99) ☐ Advanced (80-89) ☐ Pro (<80)

## Payment Type:

### Credit Card:

☐ American Express

☐ Discover

☐ MasterCard

☐ Visa

Name: \_\_\_\_\_ Exp: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(Contact Brenda at [Minnesota@Turnaround.org](mailto:Minnesota@Turnaround.org) if you prefer to be contacted for this information.) Receipt will be sent from Zoom.

☐ **Check:** Mail to TMA MN Chapter – PO Box 27415 Golden Valley, MN 55427

## TEAM MEMBER #2

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Company

☐ This individual is to pay his/her registration fee.

☐ I would like to pay for this individual's registration fee.

\_\_\_\_\_  
Email Address

## TEAM MEMBER #3

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Company

☐ This individual is to pay his/her registration fee.

☐ I would like to pay for this individual's registration fee.

\_\_\_\_\_  
Email Address

## TEAM MEMBER #4

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Company

☐ This individual is to pay his/her registration fee.

☐ I would like to pay for this individual's registration fee.

\_\_\_\_\_  
Email Address

**\*\* EVENT WILL TAKE PLACE RAIN OR SHINE \*\***

Notice of cancellation received after July 1<sup>st</sup> (and no-shows) will not be refunded.