



MINNESOTA
TELECOM
ALLIANCE

2019 MTA ASSOCIATE MEMBER GOLF DAY | REGISTRATION FORM

Monday, July 8, 2019 | 10:30 AM - 7:00 PM

Crow River Country Club, 915 Colorado Street NW, Hutchinson, MN

Name _____ Organization _____
Address _____ City/State/Zip _____
E-mail _____ Phone _____

(Note: All confirmation information will be sent to the email address provided on this form.)

Golf and Dinner: \$155 per person

Number of golfers: _____ (please list additional golfers in space provided below)

Sub-total \$ _____

Please indicate if players listed below are on same six-some or separate teams: Same team Separate teams

Please indicate preferred Flight: Competitive Flight Social Flight

Please indicate any dietary restrictions: Vegetarian Kosher Gluten Free Lactose Intolerant Sugar Free Other: _____

Post-game Reception Only: \$45 per person

How many people? _____

Sub-total \$ _____

Name(s) of guest(s) for reception only _____

Include information for additional golfers. Singles will be assigned by MTA.

1. Name _____ Company _____
Phone _____ Email _____ Handicap or average golf score _____
Dietary restrictions: Vegetarian Kosher Gluten Free Lactose Intolerant Sugar Free Other: _____
2. Name _____ Company _____
Phone _____ Email _____ Handicap or average golf score _____
Dietary restrictions: Vegetarian Kosher Gluten Free Lactose Intolerant Sugar Free Other: _____
3. Name _____ Company _____
Phone _____ Email _____ Handicap or average golf score _____
Dietary restrictions: Vegetarian Kosher Gluten Free Lactose Intolerant Sugar Free Other: _____
4. Name _____ Company _____
Phone _____ Email _____ Handicap or average golf score _____
Dietary restrictions: Vegetarian Kosher Gluten Free Lactose Intolerant Sugar Free Other: _____
5. Name _____ Company _____
Phone _____ Email _____ Handicap or average golf score _____
Dietary restrictions: Vegetarian Kosher Gluten Free Lactose Intolerant Sugar Free Other: _____
6. Name _____ Company _____
Phone _____ Email _____ Handicap or average golf score _____
Dietary restrictions: Vegetarian Kosher Gluten Free Lactose Intolerant Sugar Free Other: _____

Payment

Method of Payment: Check enclosed (payable to MTA) VISA MasterCard Discover AmEx

If paying by credit card, all of the following fields are required.

Card Number _____ Expiration Date _____ Security Code _____

Cardholder Name (print) _____ Cardholder Phone _____

Cardholder Signature _____

Billing Address _____

Mail form to:

MTA

1000 Westgate Dr., Suite 252
St. Paul, MN 55114

or fax to: 651-290-2266

Questions? Call 651-291-7311

www.mnta.org

(For office use only)

initials		fin.
date		
CK/CC		
paid		

Cancellation Policy: With written cancellation notice received by July 1, 2019, you will receive a refund, less \$10 processing fee. Cancellations the week of the event are non-refundable. No-shows will not receive a refund.

PCI Compliance: Per standard by the Payment Card Industry, MTA has met the requirements of the Payment Card Industry-Data Security Standards (PCI-DSS). Credit card information will not be accepted via email.

Photo/Audio/Video Release: By attending our events, you acknowledge that you are in a public place, and that attendees (including MTA volunteers) may capture your image in photos and videos. Nevertheless, MTA encourages event attendees to exercise common sense and good judgment, and respect the wishes of other attendees who do not wish to be photographed at the events.

MTA uses photos and videos taken at its events for a variety of purposes, including publication on the MTA website and social media. If you see any photos or profiles about yourself that you would like removed, please contact us at 651.291.7311.

Reminder: Crow River Country Club is a spikeless course.