13TH ANNUAL TECHPRIDE GOLF SCRAMBLE

BE A POWER DRIVER

Keep Purdue Polytechnic students out of the rough! Connect with alumni while you connect with the ball and help provide much needed scholarship assistance.

Your participation provides access to a great Purdue education. Please join us in 2016 and use your backswing to help our students follow through on their potential.

Register by mail:

Mail check (payable to **Purdue University**) and completed registration form to:

Purdue Polytechnic Institute
Knoy Hall of Technology, Room 465
401 N. Grant Street
West Lafayette, IN 47907-2021

Register by fax:

Fax completed registration form, including your credit card information, to:

(765) 494-0486

QUESTIONS?

Contact:

Marie Clifford
Manager of Special Events and Alumni Relations
meclifford@prf.org
765-494-0887

Registration deadline: August 29, 2016

Step 1: Complete your personal information

Name _____
               Last   First   Middle Initial

Address _____

City _____ State _____ Zip _____

This is my ☐ home ☐ work address

Phone (_____) _____

E-mail _____

This is my ☐ home ☐ work e-mail

Donate a Raffle Item: ☐ Yes ☐ No

Item Description: _____ Value _____

Step 2: Complete your team information

__ Place me on a team
__ Sign me up to golf in a four-person team
     Other golfers on my team are:

     _____
     _____
     _____

Step 3: Complete your cost information and method of payment

Total Early Bird Registrations (**by July 31**):
___ x $150 = $ _____
Total Standard Registrations (**after July 31**):
___ x $165 = $ _____
Total Mulligans (limit two per golfer):
___ x $5 = $ _____
Total Bonus Mulligans (limit one per golfer):
___ x $15 = $ _____

Total amount: $_____

__ Yes! I want to be a sponsor at the following level:

☐ TechPride, $5,000   ☐ Gold, $1,500

☐ Dinner, $3,000   ☐ Silver, $1,000

☐ Platinum, $2,000   ☐ Hole sponsor, $500

__ My check payable to Purdue University
   is enclosed in the amount of $_____

__ Please charge my credit card in the amount of $_____
    ☐ MasterCard ☐ Visa ☐ Discover

Card number _____-_____-_____-_____

Expiration: ____/____ Security code: _____

Cardholder's name (please print):_____

Billing Address:_____

Authorized Signature:_____