

DETAILS

Thursday, September 9th

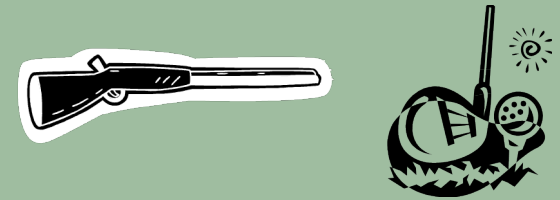
All attendees will gather at the Little Crow Country Club for registration and lunch , registration begins at 10:30 AM.

The golf portion of the event will be held at the Little Crow Country Club, located in the heart of New London-Spicer's beautiful lake region.

The sporting clays shoot will be held at the Prairie Woods Environmental Learning Center in Spicer.

10:30 AM	Registration
11:00 AM	Lunch
12:30 PM	Events Start: Shot Gun Start (18 hole best ball scramble)
	Clay Shoot
5:00 PM	Dinner & Awards

Minnesota Crop Production Retailers



2010
Summer
Outing

PACKAGE PRICES

Golf Package: \$85.00 per person
(Golf, Cart, Lunch, Dinner, Refreshment Ticket and Drawings included)

Clay Shoot Package: \$95.00 per person
(Clay shoot, lunch, Dinner, Refreshment Ticket and Drawings included)

Dinner Only: \$35.00 per person
(Dinner and Drawings included)

TO REGISTER:

1. Complete the Registration form for the event(s) you want to register for. Check the box for the event(s) and fill out each participant's information.
2. Complete the company contact information.
3. Add the "Total" sections to assess the amount that needs to be enclosed (or charged to a credit card) and fill out the payment information.

CANCELLATION POLICY

Registration fee is fully refundable if cancellation is received 10 days prior to event. Cancellations received within 10 days of event or no shows will receive **NO** refund.

REGISTRATION

GOLF

Golfer's Name: _____
 Company: _____
 Email: _____

Golfer's Name: _____
 Company: _____
 Email: _____

Golfer's Name: _____
 Company: _____
 Email: _____

Golfer's Name: _____
 Company: _____
 Email: _____

_____ (numbers of golfers) x \$85.00/person= _____
Total

Clay Shoot

Participant's Name: _____
 Company: _____
 Email: _____

Participant's Name: _____
 Company: _____
 Email: _____

Participant's Name: _____
 Company: _____
 Email: _____

Participant's Name: _____
 Company: _____
 Email: _____

_____ (number of clay shooters) x \$95.00/person= _____
Total

REGISTRATION Cont.

Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Fax: _____

Amount Enclosed: \$ _____
 (add all Total amounts above)

Credit Card Payment (Mastercard and Visa Only)

Credit Card #: _____

Exp Date: _____ Cardholder: _____

Billing Address: _____

Mail or fax this form by **Friday, September 3rd** with your payment to
 MCPR - Atten: Jessi Brunelle, 7500
 Flying Cloud Dr. Suite #900, Eden
 Prairie, MN 55344 or (952) 835-4774