



IAA Foundation
14th Annual IAITC Golf Outing
Thursday, August 5, 2010
REGISTRATION FORM

A fundraiser for the
Illinois Agriculture in the Classroom Program

Golfer Name _____ **Company/Organization** _____

Address _____

City, State, Zip _____

Daytime Phone _____ **email** _____

OTHER MEMBERS OF MY FOURSOME

Golfer Name _____ **Company/Organization** _____

Address _____

City, State, Zip _____

Daytime Phone _____ **email** _____

Golfer Name _____ **Company/Organization** _____

Address _____

City, State, Zip _____

Daytime Phone _____ **email** _____

Golfer Name _____ **Company/Organization** _____

Address _____

City, State, Zip _____

Daytime Phone _____ **email** _____

Please select the course of your choice

Elks Country Club **Wolf Creek Golf Club** **No Preference**

Course choice is not guaranteed! The IAA Foundation reserves the right to make final course assignments!

PAYMENT

Registration Fee \$130 X _____ (# of golfers) \$ _____

Banquet ONLY Reservations \$50 X _____ (# of attendees) \$ _____

I'm unable to participate, but here's my tax-deductible contribution \$ _____

TOTAL \$ _____

Make check payable to IAA Foundation

Credit Card **Visa** **MasterCard** **Discover**

Card# _____ **Exp Date** _____

Amount _____ **Print Card Holder Name** _____

Signature of Card Holder _____

Return form with payment to IAA Foundation, 1701 Towanda Ave, Bloomington, IL 61701