

WPRA FOUNDATION  
19th Annual  
Scholarship Golf  
Outing



www.wpraweb.org/foundation

2017 WPRA Foundation Scholarship Golf Outing  
Player Entry Form

Friday, September 8, 2017  
Washington County Golf Course  
Hartford, WI



**Format:**

- 4 Person Scramble, Individuals WELCOME!!!

**Entry Deadline:**

- September 1, 2017

**Benefits for YOU the golfer:**

- 18 holes of golf – FUN for all levels of golfers
- Wonderful raffle and silent auction FUN!
- Meet new friends and vendors!
- **CONTEST For "BEST" DRESSED FOURSOME**
- Help out the WPRA Foundation
- A Friday out of the office
- Contests that anyone can win

**Tax Deductibility:**

The donation you are making to participate in the outing is deductible for income tax purposes only to the extent that exceeds the value of the benefits provided you. Our good faith estimate of the amount being donated to the Foundation is \$30.00 per person for those who golf, dine and social.

**Please Note:**

9:00 am – Check-in  
9:30 am – Putting Contest  
10:30 am – Shot Gun Start  
3:00 pm – Social Hour  
4:00 pm – Buffet Dinner

- NO golf or dinner reservations will be accepted without payment.
- A minimum of 3 golfers is required to qualify for team awards.
- Limited club rentals available compliments Washington County Golf Course.



**Individual Entry:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Entry Options:**

**Please Make Checks Payable to the WPRA FOUNDATION, c/o: Kelly Valentino, Jackson Area Community Center N165 W20330 Hickory Lane, Jackson WI 53037 \* (262) 677-9665 x103**

- Individual Entry - \$95.00  
(includes: 18 holes, golf cart, dinner, favor & social)
- Foursome Entry - \$380.00  
(includes: foursome of golf, 2 golf carts, dinner, favor, social)

TEAM NAME: \_\_\_\_\_

- Dinner & Social ONLY - \$25.00

**To Pay with a Master Card, VISA or Discover Card & AMEX, please complete the authorization below. ONLINE CREDIT CARD REGISTRATIONS – go to [jacksonparkrec.recdesk.com](http://jacksonparkrec.recdesk.com)**

**List The Members In Your Foursome:**

- A. \_\_\_\_\_  
Email: \_\_\_\_\_
- B. \_\_\_\_\_  
Email: \_\_\_\_\_
- C. \_\_\_\_\_  
Email: \_\_\_\_\_

CREDIT CARD AUTHORIZATION		Amount: \$ _____
Name on Card (print) _____		
<input type="checkbox"/> Billing Same as above or please list		
AMEX	_____	Sec. Code _____
VISA/MC or Discover	_____	Exp. Mo. _____ Exp Yr. _____
CVV Code _____		
I authorize the Jackson Jt. Parks & Recreation Dept. to charge my credit card for the above fees. If the Jackson Jt. Parks & Recreation Dept. is unable to process my payment, I will be responsible for an alternate payment arrangement.		
Signature _____	Date _____ / _____ / _____	
(A convenience fee will be added for credit cards.)		