DRESS CODE:
NO METAL SPIKES ALLOWED

Appropriate golf attire consisting of collared shirt and Docker style shorts or slacks is required. T-shirts, tank tops, sleeveless shirts, cut-offs, athletic shorts will not be allowed and players will be asked to change prior to teeing off.

HELP SUPPORT BBE STUDENTS!
Proceeds go towards BBE scholarships

EVENT PLANNED AND SPONSORED BY:

HYBRID EVENT | In-person and Online Course and location of your choice OR University of Minnesota Les Bolstad Golf Course 2275 West Larpenteur Ave, St. Paul, MN

EVENT PLANNED AND SPONSORED BY:

Tee Time: Time of your choice reserved at your favorite 18 holes golf course near you (Standard course requirements: 18 holes, Par 72, 6500 minimum total yards)

OR In-Person
12-1 pm, Thursday June 17: At the U of M Les Bolstad Golf Course (tee times will be given on a first come basis)
REGISTRATION FEE:
(Does not include individual course fees)
$50 per person
$25 for Retirees / University Student/Staff
Holes assigned on first come first served basis.

SEND REGISTRATION FEES BEFORE 6/4/2021:
David Schwerbel
398 Park St
Menasha, WI 54952
Cell: 920-419-4222
david.schwerbel0398@gmail.com

Register Online:
https://z.umn.edu/6upo

IF EVENT IS RAINED OUT:
No reschedule date
Prizes will still be awarded
No refunds after 6/4/2021

Questions?
Contact Hannah Peterson (HPeterson@tappi.org) or
Shri Ramaswamy (shri@umn.edu)

For Registration by mail:
Complete the information below and return with a check made out to LAKE STATES TAPPI or your credit card information. Full Registration fees must be included.

PLEASE PRINT

Name: _______________________________________________________ Company: ______________________________________________

Contact info: Cell#: _______________________________ Email: _____________________________________________________________

Full Home Address: ___________________________________________________________________________________________________

Credit Card: VISA/MC/AMEX/Other_____ Exp. Date: _____________ 3 digit security number on back of card __________

Credit Card Number:  _____________________________________________________________________

Signature: _________________________________________________________________________________

If foursome, Group Name/Main Contact: _________________________________________________

Golfer Name #1 _____________________________Co._________________ Golfer Name #2 _____________________________Co.__________

Golfer Name #3 _____________________________Co.__________ Golfer Name #4 _____________________________Co.__________

Fee:
_____ Individual ($50 x Number of Golfers)
_____ Retired Faculty/Staff/Student ($25 x Number of Golfers)

Total Cost: __________________

Name and location of the Golf Course (18 holes standard course) you intend to play:
Golf Course: ______________________________________________
Location: ______________________________________________

Intended Date and Time of your golf outing:
Date: ___________
Time: ___________

Prizes and Donations are very much appreciated. Recognition will be given for your generosity. Please identify your company along with any items/donations.

AREA HOTELS:
HOLIDAY INN
2715 Long Lake Road | Roseville, MN, 55113 | 651-294-7200
BEST WESTERN
1010 Bandana Blvd W | St. Paul, MN, 55108 | 651-647-1637
EMBASSY
175 10th Street E | St. Paul, MN, 55110 | 651-224-5400

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