4th ANNUAL TRIVIA NIGHT

Hosted by St. Charles County ABLE
(Alliance for Business, Learning & Education)

How well do you know your MOVIES, MUSIC, and TV?

1970's | **1980's** | **1990's** | **2000's**

Friday, November 12, 2010 at 7:00 p.m.

(doors open at 6:30 p.m.)

Professional Firefighters of Eastern Missouri Hall
115 McMenamy Drive, St. Peters, MO 63376

$20.00 Per Person or $160.00 for a table of 8
Beer & Soda Provided (no outside beverages; cash bar is available)
Bring your own snacks; must be 21 years of age and over

To register or for more information contact:
Tammie De Los Santos
636-922-8342 • tdelossantos@stchas.edu

Sponsorships are still available
Round Sponsor $50.00 • Table Sponsor $50.00
Both for only $75.00

We will have 50/50, games, raffles, and prizes!

Benefiting Great Education Programs in St. Charles County
Visit us on the web at www.stccable.org

See reverse side for registration form

4th Annual

ABLE Trivia Night

Registration Form

Who: **St. Charles County Alliance for Business, Learning, and Education (ABLE)**

What: **4th Annual Trivia Night**

When: **Friday, November 12, 2010 at 7:00 p.m.** (doors open at 6:30 p.m.)

Where: **Professional Firefighters of Eastern Missouri Hall** 115 McMenamy Drive, St. Peters, MO 63376

Cost: **$20 per person or $160 for a table of 8**

Beverages Provided (no outside beverages allowed)

Registration for November 12, 2010, ABLE Trivia Night

Business/Individual Name: _____

Address: _____

City/State/Zip: _____

Contact Person (if a business): _____ Phone: _____

Email Address: _____

- ☐ I would just like to register me for this event ($20)
- ☐ I would like to register 2 people for this event ($40)
- ☐ I would like to register 3 people for this event ($60)
- ☐ I would like to register 4 people for this event ($80)
- ☐ I would like to register 5 people for this event ($100)
- ☐ I would like to register 6 people for this event ($120)
- ☐ I would like to register 7 people for this event ($140)
- ☐ I would like to register 8 people for this event ($160)

Please list team members below

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Payment Information

☐ Check made payable to **SCC Foundation** ☐ Credit Card (MasterCard, Visa, and Discover)

Credit Card Type: ☐ MasterCard ☐ VISA ☐ Discover

Credit Card Number: _____ 3-Digit Security Code: _____

Name as it appears on the card: _____

Expiration Date (mm/yy): _____ Total amount authorized: _____

Please mail this form and payment to: St. Charles Community College, SC203, 4601 Mid Rivers Mall Drive, Cottleville, MO 63376. If paying by credit card, you can fax this form to 636-922-8524.

Questions? Call Tammie De Los Santos at 636-922-8342 or email tdelossantos@stchas.edu