

Trivia Night

General Knowledge Trivia - Side Games - Silent Auction



Saturday February 24, 2018

Doors open 5:30 pm · Trivia begins at 6:30 pm
O'Griff's Grill & Brewhouse Winter's West Wing
415 Hampshire; Quincy, IL

Includes light appetizers and full evening of entertainment
Adult beverages & full O'Griffs menu available for purchase

All proceeds support local Scouts and Career Explorers.

Event Committee: David Amelotti, KHQA | Sarah Fernandez, Quincy Community Garden Coalition
Amy Seeland, Blessing Hospital | Gina Lanning, West Central IL Special Education Co-Op
Karen Wagner, Cakes by Karen | Scott Luaders, Quincy University | Joy Berhorst, Domestic etc.
Matt Courtney, Great River Firearms Training | Sgt. Brian Dusch, Quincy Police Department
Michael Rose, Town Square Media | Chris Piette, Northwestern Mutual | Kathy Baker
Adam Duesterhaus, Salvation Army | For more info: David Gilbert (217)224-0204 or MVC@Scouting.org

6th Annual Eagle Valley Trivia Night

Mississippi Valley Council, Boy Scout of America

2336 Oak St, Quincy, IL 62301 | 3007 Flint Hills Dr, Burlington, IA 52601 | MVC@SCOUTING.ORG

Please register before February 16, 2018

Tickets

_____ Individual Ticket \$20 _____ Table (8 Seats) \$150

Premier Teams & Sponsors

All premier teams and sponsors will receive recognition in the program and in a Scouting families eBlast. A portion may be tax deductible

_____ Genius Table \$425 One table (8); Set of Mulligans, Question Swap Game, Premier table Location, Sign at Judge Table
_____ Campership Team \$300 One table (8), Set of Mulligans, Question Swap Game, Campership awarded 2018 Summer Camp
_____ Event Sponsor \$250+ Color logo on website and in event program; Full color sign at judges table; Potential naming rights
_____ Auction Sponsor \$175 Display your sign, table cloth, or decorations on one of the Silent Auction tables
_____ Round Sponsor \$100 Business card size ad on the Answer Sheet and in slideshow, 3x verbal announcement

Donation

_____ I am unable to attend but please accept a donation in the amount of \$ _____

Name for each Player: _____

E-mail(s): _____

Please return this portion with check or include credit card info: ___American Express ___Discover ___MasterCard ___Visa

Name on Card: _____ Signature: _____

Card #: _____ Exp. Date: _____ / _____ CVC#: _____ Billing Address: _____