



May SFEA Trivia Night



Hosted by Twin City Trivia

Thursday, May 25, 7:00-9:00 p.m.

Bloomington VFW

Want to put your trivial knowledge to the test? Then get your team ready and sign up for the Spring SFEA Trivia Night. Prizes will be awarded to the top 3 teams. Teams can be made up from 2 – 6 people. We can accommodate up to 30 teams. Snacks will be provided by SFEA, but all drinks will have to be purchased through the VFW. The May Trivia night will be held at the Bloomington VFW (1006 E Lincoln St # 1, Bloomington). ***Due to the venue all participants must be 21 or older.**

The price for SFEA members is \$10 per team. An employee SFEA member may bring any or all dependent family members (listed on their membership) at the member price **OR** one guest at the **member price**. *Violation of membership privileges (signing up those NOT on your membership) could lead to your SFEA membership being revoked. If you are unsure of your membership benefits or who is included as a member, please contact the SFEA office.* Due to the limited seats available, additional guests will not be allowed to enroll at this time.

Enrollment for this event closes Wednesday, May 10. All completed forms must be received in the Corporate South Activities Office, K-1, or Corporate Activities Office, SA-1, by 1 p.m. on the close date. If the enrollments exceed the seats available, a drawing will take place. Make checks payable to SFEA. The Activities Office is not responsible for cash sent through the mail or late delivery of mail. Please contact the Activities Office if you need to cancel your team enrollment. If there is a waiting list and your spot can be filled, your money will be refunded. If there is not a waiting list, your money will not be refunded.

Questions for this event should be directed to SFEA Board Member Casey Heaton (TM5X)

Mail in address: SFEA, 3 State Farm Plaza, K-1, Bloomington, IL 61791

SFEA Trivia Night May 25 - Enrollment Closes on Wednesday, May 10 (#402) - One form per team.

Employee Name (Team Captain) _____ Ext. _____ SFEA # _____ - _____

Location _____ Floor _____ Alias _____ Check _____

Retiree's

Address _____

street city zip phone # email

Team Name _____

Team Members: Must include name, alias & SFEA #. Names submitted on this form are the only people allowed to play on your team.

Name

Alias

SFEA #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount Paid \$_____