



**SAGINAW FIELD & STREAM CLUB**  
**ALL OUTDOOR SPORTS BANQUET**

**March 17, 2012**

Horizons Conference Center, 6200 State St, Saginaw, Mi

**\$55.00 each or \$100.00 per couple**

**\$500.00 for a table of 10 people**

Doors open at 5:00 p.m. Open Bar 5:30 PM to 10:30 p.m.

**Buffet Dinner at 6:30 p.m. ADVANCE TICKET SALES ONLY**

**Prize Tables**

**\$2.00 Tables (Red Ticket)**

Tickets are \$2.00 Each or 75 for \$100  
 Four Tables with many prizes  
 Each Table Drawn Separately  
 Winner will be drawn until all prizes are awarded

**\$5.00 Tables (Blue Ticket)**

Tickets are \$5.00 Each or 3 for \$10  
 Four Tables  
 There will be one winner per table

**\$10.00 Five Gun Table**

Tickets are \$10 Each or 3 for \$20  
 There will be 5 winners on this table

**\$20.00 TABLES (Yellow Ticket)**

Tickets are \$20 each or 3 for \$50  
 Four Tables  
 Each Table Drawn Separately  
 There will be one winner per table

**Ladies \$2.00 Table (White Ticket)**

Tickets are \$2.00 each or 75 for \$100  
 One Table with many prizes  
 winner will be drawn until all prizes are awarded

**SILENT AUCTION**

Many Items will be available for bid

**CASH RAFFLE**

Tickets are \$1.00 Each or \$10 for \$5.00  
 Half of the amount collected will be  
 Divided into four prizes of  
 40%-30%-20%-10%

**LIVE AUCTION**

Many Items will be available for bid

All firearm winners will be required to pass the insta-check. Payment can be made by cash, check or credit card. The purchaser must write their banquet dinner ticket on the prize table tickets and place the entire ticket in the barrel of choice. Tickets placed in the wrong barrel or without a banquet dinner ticket number will be disqualified.

**Multi-Ticket Packages Will be Available License**

For Tickets Contact any Board Member Or:

Tom Heritier 799-7574 - Greg King - 695-4868 - Jim De Clerck - 781-8871

OR

Mail in your request and tickets will be sent - PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY

Number of Tickets \_\_\_\_\_ Total cost of the tickets \_\_\_\_\_ Payment type: Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mail to SFSC POB 2092 Saginaw Mi 48605