

Registration Form

11th Annual "Gray Matters" Charity Trivia Night

COST: \$200 Regular Table
(up to 8 per table)

\$320 for "Premier Table"
- We will provide salad, appetizers, pizza and desserts in addition to beer, soda and snacks!

Sponsorship Options

*50% tax credits available for sponsors. Please contact Kyle Gunning 314.983.9230

I would like to be a sponsor! (choose option below)

- \$1,500 Event Sponsor** - Your name/logo will appear on all table centerpieces, emcee podium, event banner and on screen between rounds. Also includes one free Premier Table and recognition on event advertisement and all printed materials.
- \$1,000 Tally Sponsor** - Your name/logo will appear at the judge's table, player score sheets, the event scoreboard and all printed materials. Also includes one free regular table.
- \$750 Snack/Beverage Sponsor** - Your name/logo will appear on snack station, beverage station and all printed materials. Also includes one free player.
- \$500 Table Sponsor** - Your name/logo will appear on all player tables and all printed materials.
- \$250 Silent Auction Sponsor** - Your name/logo will appear on silent auction tables, silent auction bid sheets and all printed materials.
- \$200 50/50 Sponsor** - Name broadcast during all 50/50 announcements throughout the evening, including announcement of 50/50 Winners. Your name/logo will also appear on 50/50 ticket bucket and all printed materials.
- \$150 Round Sponsor** - Your name/logo will appear on screen during one round, will appear on assigned round score sheet and all printed materials.

Contributions

Spirit Club
\$75.00 _____ \$50.00 _____ \$25.00 _____
(Name/logo will appear on printed material)

Please accept my in-kind donation, valued at \$ _____.

In-kind donation item: _____

I am unable to attend, but please accept my monetary donation.

Amount \$ _____

Method of Payment

CASH (enclosed) Amount \$ _____

Check (payable to CHIS) Check# _____ Amount \$ _____

Charge Amount \$ _____

Name: _____

Card #: _____

Type: Visa MC Am Ex Discover

Signature: _____

Exp Date: _____ Zip: _____ CVV (on back): _____

Trivia Night Roster

I want to play! (please complete roster information below)

The Organizer:

Name _____

Phone _____

Email address _____

Mailing address _____

City _____ State _____ Zip _____

I would like to reserve Premier Tables! _____ How many? _____

I would like to reserve Regular Tables! _____ How many? _____

Names of Teammates

(First and last names, please)

1. The Organizer _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Send registration form to:
The Center for Head Injury Services
11786 Westline Industrial Drive
St. Louis, MO 63146

fax (314) 983-9235 or send by email to kgunning@headinjuryctr-stl.org

All donations are
tax deductible in accordance
with IRS regulations.