

Registration Form

12th Annual "Gray Matters" Charity Trivia Night

COST:

\$200 Regular Table
- Includes beer, soda and snacks!

\$320 for "Premier Table"
- We will provide salad, appetizers, entrée 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 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.**