

Godfrey's Grand Slam Bridge Benefit

To Support the Center for Spina Bifida Prevention

REGISTRATION INFORMATION

Sunday October 8, 2017

12 PM Sign-In 1PM Lesson with Dan Plato

Atlanta Duplicate Bridge Center

5 Dunwoody Park South #118

Atlanta, GA 30338

Please print out and complete the attached Registration Form, and mail with your check to:

Make Check Payable to: The Center for Spina Bifida Prevention

Mail Check and Registration Form to:

**Godfrey's Grand Slam
2299 Littlebrooke Trace
Dunwoody, GA 30338**

If you have any questions email Janet Edwards at trumpspinabifida@gmail.com



Invite Your
Friends!

Be a \$1000
GOLD SPONSOR

Receive 4 Entries
and Recognition in
the Event Program



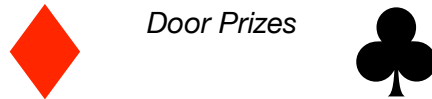
TICKET PRICES

**\$65 to Play with
Your Own Partner**

**\$80 to Play with a
Preferred Player**
(see names below)

Ticket includes :

BBQ Lunch
Open or 0-1250 Game
Silent Auction
Door Prizes



Invite Your
Partner!

Be a \$500
RED SPONSOR

Receive 2 Entries
and Recognition in
the Event Program



Preferred Players

Bob Abrams
Jane Bachman
Dan Papineau
Marshal Kerlin

Rob Epstein
Ed Foran
Joe Valerdita
Charlie Davis

Frank Garson
Becky Butler
Janice Ripley
Joan Braedner

Jim Stogner
Judy Fendrick
Mike Sheldon

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**Must Be Received
by October 1st**

I would like to attend Godfrey's Grand Slam Bridge Benefit as:

- GOLD SPONSOR** - \$1000: includes 4 entries (Tax Deductible Amount \$ 982)
- RED SPONSOR** - \$500: includes 2 entries (Tax Deductible Amount \$ 482)
- I AM PLAYING WITH MY OWN PARTNER** - \$65(Tax Deductible Amount \$ 47)

Choose one: Open Game _____ 0-1250 Game _____

- I WOULD LIKE TO PLAY WITH A PREFERRED PLAYER** - \$80
(Tax Deductible Amount \$ 62)

Note: All preferred players and their partners will be entered in the Open Section.

I would like to donate to The Center for Spina Bifida Prevention:

- *Included in my registration check is an additional tax deductible donation in the amount of: \$ _____.
- *I am unable to attend, but would like to make a tax deductible donation in the amount of: \$ _____.

** You may donate by check **payable to the Center for Spina Bifida Prevention** and mailed to the address above OR go to www.sph.emory.edu. Click on GIVE NOW and follow directions for online giving. Select Center for Spina Bifida from the list.

Personal Information

Name: _____ No. of MP's _____

Home Address: _____

City/State/Zip: _____

Email* : _____

Phone* : _____

Partner's Name: _____ or

Preferred Player Choices: 1st: _____ 2nd: _____

*Required Fields