

# BRAIN INJURY ASSOCIATION OF ILLINOIS

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[www.biail.org](http://www.biail.org)

## The "Doc" and Bonnie Sethna Family Turkey Bowl

proceeds to benefit the Brain Injury Association of Illinois

Saturday, November 18, 2017 12noon – 2pm (It's the Saturday before Thanksgiving)

### Tickets

\_\_\_\_\_ Turkey Bowl ticket(s) - \$40 per person

\_\_\_\_\_ Team of 6 - \$210 per lane  
(6 tickets purchased as a team)

\_\_\_\_\_ Spectator tickets(s) - \$10 per person  
(does not include bowling, food/beverage, shirt)

\_\_\_\_\_ T-Shirt Sponsor - \$750

### Sponsorship Levels

\_\_\_\_\_ Three Strike Sponsor - \$500  
(includes 8 Turkey Bowl tickets)

\_\_\_\_\_ Perfect Game Sponsor - \$250  
(includes 4 Turkey Bowl tickets)

\_\_\_\_\_ Head Pin Sponsor - \$100  
(includes 2 Turkey Bowl tickets)

\_\_\_\_\_ Pizza Sponsor - \$500

I would like to contribute \$\_\_\_\_\_ to the Brain Injury Association of Illinois.

[\_\_\_\_\_] Enclosed is my check in the amount of \$\_\_\_\_\_ (payable to Brain Injury Assn of Illinois)

[\_\_\_\_\_] Please bill \$\_\_\_\_\_ to my credit card ( \_\_\_\_VISA \_\_\_\_MasterCard \_\_\_\_Discover )

### **CREDIT CARD INFORMATION (purchases can also be made online at [www.biail.org](http://www.biail.org)):**

Name (as listed on card)\_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-Mail Address (for electronic receipt)\_\_\_\_\_

Signature authorizing credit card payment\_\_\_\_\_

### **REGISTRATION INFORMATION:**

Name\_\_\_\_\_

Address\_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address\_\_\_\_\_

\_\_\_\_\_ Please add my name to your mailing list for future events.

**Team Name:** \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_