

Godfrey's Grand Slam Bridge Benefit

To Support the Center for Spina Bifida Prevention

Preferred Players

Bob Abrams
Jane Bachman
Dan Papineau
Mike Sheldon ?

Rob Epstein
Ed Foran
Bob Duvall ?
Marshal Kerlin

Frank Garson
Becky Butler
Arnold Hawkins
Joan Braedner

Jim Stogner
Judy Fendrick
Janice Ripley

REGISTRATION FORM - MAIL THIS IN WITH YOUR CHECK

**Make Check Payable to:
Center For Spina Bifida**

Mail to:
Godfrey's Grand Slam
2299 Littlebrooke Trace
Dunwoody, GA 30338

**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 \$_____)
- RED SPONSOR** - \$500: includes 2 entries (Tax Deductible Amount \$_____)
- I AM PLAYING WITH MY OWN PARTNER** - \$65(Tax Deductible Amount \$_____)
Choose one: Open Game _____ 0-1250 Game _____
- I WOULD LIKE TO PLAY WITH A PREFERRED PLAYER** - \$80
(Tax Deductible Amount \$_____)

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