



2010
TRIVIA
Night

Benefiting
BRENDON SPEAR

FEB 27, 2010

THEME: 'YOUR ST. LOUIS HIGH SCHOOL'
ST. LOUIS U. HIGH
 4970 OAKLAND AVE
 (Danis Hall) Following Parking Signs



EMCEE:
Thomas Petry

TABLES: 8-10 PEOPLE · LIMITED SEATING
COST: \$25.00 A PERSON
 (Additional \$10.00 for Dinner Buffet)
 Dinner Buffet Hosted By: Kenricks Catering

CHECK IN: STARTS 5:30pm
ROUND 1: STARTS 7:00pm (10 Rounds Total)

FREE DRAFT BEER, SODA AND SNACKS
 (Bring your own table food)

PRIZES:
 1st & 2nd PLACE
 BEST HIGH SCHOOL DRESSED TABLE

Pre-Registration Slip

2010 Trivia Night
PRE-REGISTRATION FORM
MAIL PAYMENT TO:
 10118 BAUER ROAD - STL, MO 63128
CONTACTS
 RICK - 314-517-9633
 AARON - 314-835-7998
 INFO@BMARYBENEFITS.COM
 WE ACCEPT
 CASH - CREDIT - CHECKS
 CHECK PAYABLE TO:
 B. MARY BENEFITS

I AM PAYING WITH:
 CASH - CHECK - CREDITCARD

TEAM NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

OF PLAYERS 8 OR 10 _____

CREDIT CARD INFO _____

CARD# _____

EXP DATE: _____

CW CODE: _____

YOU WILL RECEIVE A PAID RECEIPT VIA EMAIL ONCE PROCESSED THAT YOU WILL NEED TO PRESENT AT THE EVENT SIGN IN.



6th Annual

Texas Hold'Em Tournament

Benefiting: Boys Hope Girls Hope of STL



FEB 27, 2010

ST. LOUIS U. HIGH
4870 OAKLAND AVE
(Commons Area)

REGISTRATION & DINNER
START AT 6.00 PM

PLAY STARTS AT
7:00 PM

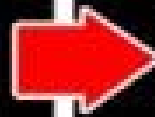


**LAST YEARS PRIZES TOTALED OVER
\$3000.00**
Based on 150 Players -- (MC, Visa Payment)

DONATIONS

- \$50 Pre-Reg w/ a Toy for Children's Hospital
- \$55 Pre-Reg w/o a Toy For Children's Hospital

- \$60 Day of Event w/ a Toy For Children's Hosp
- \$65 Day of Event w/o a Toy For Children's Hosp



DONATION INCLUDES

1. 1 Tournament Seat
2. Draft Beer
3. Soft Drinks & Snacks
4. Dinner Buffet

Provided By: **Kenrick's Catering**

DONATIONS ARE ALL OPTIONAL

Pre-Registration Slip

**2010 TEXAS HOLD'EM
PRE-REGISTRATION FORM**

MAIL PAYMENT TO:
10115 BAUER ROAD - STL, MO 63128
CONTACTS:
RICK - 314-517-9633
AARON - 314-835-7998
INFO@BMARYBENEFITS.COM

WE ACCEPT:
CASH - CREDITCARD/DEBIT - CHECKS
CHECK PAYABLE TO: B. MARY BENEFITS

I AM PAYING WITH:
CASH -- CHECK -- CREDITCARD

PLAYER NAME:

PHONE:

ADDRESS:

EMAIL ADDRESS:

OF PLAYERS YOU ARE REGISTERING

BRINGING TOYS FOR CHILDRENS
HOSPITAL
YES / NO

CREDIT CARD INFO

CARD# _____
EXP DATE: _____ CVC CODE _____

TOTAL AMOUNT: _____

**YOU WILL RECEIVE A PAID RECEIPT
VIA EMAIL ONCE PROCESSED THAT
YOU WILL NEED TO PRESENT AT THE
EVENT SIGN-IN.**