

# PENNIES

# For Pearls

For Parkinson's Disease

## APDA - OK 8<sup>th</sup> Annual Music Trivia Charity Event

Saturday, April 6<sup>th</sup>, 2019, 6:00pm

Hard Rock Hotel & Casino – 777 W. Cherokee St., Catoosa, OK

### Registration Form

Benefits the

**apda** AMERICAN  
PARKINSON DISEASE  
ASSOCIATION

OKLAHOMA CHAPTER

Strength in optimism. Hope in progress.

Registration Deadline: March 15<sup>th</sup>, 2019

All information must be complete for seats to be reserved.

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Team/Table Name (to be used the night of the event): \_\_\_\_\_

Registration Type – BEST VALUE (Check out our sponsorships for an even greater value.)

_____ Premiere Package: Table for 8, Free Valet Parking, All Benefits below	\$1500	_____
_____ 1 Table Reservation for 8	\$1000	_____
_____ Individual Tickets	\$150	_____

**\*SPONSORSHIPS ON SEPARATE FORM\***

**SPONSOR OUR EVENT FOR EVEN GREATER VALUE FOR YOUR EVENING**

Premiere Benefits (All benefits below are included in the Premiere package above)

Purchase now for the best prices.

Table for 8 plus dinner	Value \$1000
Priority Seating	Value \$200
Pkg of 6 Mulligans (Free passes on questions – 1 per round)	Value \$50
Dessert (Pick of the dessert table before the auction begins)	Value \$125
4 Rustic Cuffs	Value \$180
5 pulls at the wine pull	Value \$100
Special themed items for your team at your table	Value \$100

**Total Value \$1755**

If you are purchasing individual tickets vs a full table, please note that we will place you with another group to complete a full team. Our goal is that no one plays the music trivia alone.

If it is not possible, we thank you for your understanding in advance.

REGISTER ONLINE at [www.APDAParkinson.org/Oklahoma](http://www.APDAParkinson.org/Oklahoma)

☐ Paying via credit card

☐ Paying via check – Check # \_\_\_\_\_ (Submit form and mail check to address below)

☐ Requesting PO – Invoice needed

Office Use Only

Order of Registration \_\_\_\_\_

Please make checks payable to: American Parkinson Disease Association – Oklahoma Chapter  
P.O. Box 3113, Broken Arrow, OK 74013

Your continued support of the American Parkinson Disease Association is greatly appreciated.

Please direct any questions to: Jennifer Johnson, ED, 918-747-3747, [jjohnson@apdaparkinson.org](mailto:jjohnson@apdaparkinson.org)

**BE SURE TO COMPLETE BACK SIDE OF THIS FORM**

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### Team Members



Please provide the following information on your team members.

If you have purchased individual tickets then only use the number of spaces per number of tickets you purchased. If you are unsure at this time who will be attending, please place all known info and submit your form. You can submit information as it comes available but **all info must be provided prior to the March 15<sup>th</sup> deadline to allow our team time for table assignments.**

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____

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