

# TRIVIA NIGHT FUNDRAISER

## BENEFITING HEALTHLINK DENTAL CLINIC

**FRIDAY, MAY 4TH**

**7-9:30PM**

**BEN WILSON ACTIVITY CENTER (WARMINSTER, PA)**

### Registration Form

Your Name \_\_\_\_\_

Address \_\_\_\_\_ City, ST Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Player 1: \_\_\_\_\_

Player 2: \_\_\_\_\_

Player 3: \_\_\_\_\_

Player 4: \_\_\_\_\_

Player 5: \_\_\_\_\_

Player 6: \_\_\_\_\_

**You can also register online:**  
[www.healthlinkdental.org/trivia](http://www.healthlinkdental.org/trivia)

If you have questions or comments, please contact  
Raquel Braemer, Development Director, at  
[rbraemer@healthlinkdental.org](mailto:rbraemer@healthlinkdental.org) or (267) 699-0122.

#### Registration Options

I am registering \_\_\_ players at \$35 each for a total of \$\_\_\_\_\_.

OR

I am registering all 6 players in advance for a discounted registration fee of \$200.

#### Payment Options

Check Enclosed (Amount: \$\_\_\_\_\_)

*Make payable to: HealthLink Dental Clinic*

Credit Card (Please charge my card in the amount of \$\_\_\_\_\_)

Visa  Mastercard  Discover  Am Ex

Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Return this completed form with your registration fee to:**

HealthLink Dental Clinic  
Attn: Trivia Night Fundraiser  
1775 Street Road  
Southampton, PA 18966

