



48th Annual Masters' Domino Tournament
March 6, 2010
Menlo Circus Club, Atherton
Sponsored by Children's Health Council Auxiliary

Team Entry Form

Name _____

(as it should appear on name tag)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____
(with area code)

Partner's Name _____

(as it should appear on name tag)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____
(with area code)

_____ Advanced Player fee x \$140 = _____

_____ Novice Player fee x \$70 = _____

I would like to play. Please provide a partner for me.

I cannot play, however, enclosed is my tax deductible donation of \$_____
All donations are tax-deductible to the extent allowed by law. Our tax ID# is 94-1312311.

Enclosed is my check for \$_____
Please make checks payable to the Children's Health Council Auxiliary.

**Please mail this form along with your check to Children's Health Council Auxiliary,
650 Clark Way, Palo Alto, CA 94304. For further information, contact Nancy Schumacher,
Children's Health Council Auxiliary, 650.617.3816.**

Please send me more information on the CHC including the new e-newsletter!

