



Table Captains/Sponsors

Organize your table for the 14th Annual Friends of FSH Research Gala – *In Pursuit of a Cure* on **Saturday, January 27, 2018 at the Lake Washington Hyatt Regency at Seattle’s Southport**. Fill your table with friends, family and associates as we party in pursuit of a cure for FSH. Complete this form with the names and addresses (including your own) of those who have committed to sit at your table. **Tables hold 10 people**. Save the form and email it to us, or print it and return it in person, by fax or by mail. If you are paying for the table but don’t have all the names yet, just send the form with your payment and any guests you have identified, or call us to reserve your table.

Earlybird Guest Table: \$1500¹ (\$150 per person) **Guest Table: \$1750² (\$175 per person)** **Patron Table: \$2000³ (\$200 per person)** **Benefactor Table: \$2500⁴ (\$250 per person)**

¹Prior to Jan 1, 2018 ²After Dec 31, 2017 ³Includes 1 Drink Ticket/ person ⁴Includes recognition, 1 Drink Ticket/person, Champagne and chocolate.
All Ticket Levels include Valet Parking

You may collect each guest’s admission, pay for the entire table, or we will send them invitations (if they haven’t already received them) giving them the opportunity to pay for their tickets and confirm their reservation at your table. Tickets can be purchased with a credit card, cash, or check payable to Friends of FSH Research.

Questions? Call Terry or Rick at (425) 827-8954

RETURN COMPLETED FORM by **JAN 13, 2018 to be entered in the Table Captain/Sponsor Raffle**

EMAIL: auction@fshfriends.org

MAIL: 217 19th Place, Kirkland WA 98033

FAX: 425-576-9245

¹ Captain _____	Meal Choice (circle): Beef Salmon Vegetarian _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____

² Guest _____	Meal Choice (circle): Beef Salmon Vegetarian _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____

³ Guest _____	Meal Choice (circle): Beef Salmon Vegetarian _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____

⁴ Guest _____	Meal Choice (circle): Beef Salmon Vegetarian _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____

5. Guest	_____	Meal Choice (circle):	Beef	Salmon	Vegetarian
Address	_____				
City	_____	State	_____	Zip	_____
Phone	_____	Email	_____		

6. Guest	_____	Meal Choice (circle):	Beef	Salmon	Vegetarian
Address	_____				
City	_____	State	_____	Zip	_____
Phone	_____	Email	_____		

7. Guest	_____	Meal Choice (circle):	Beef	Salmon	Vegetarian
Address	_____				
City	_____	State	_____	Zip	_____
Phone	_____	Email	_____		

8. Guest	_____	Meal Choice (circle):	Beef	Salmon	Vegetarian
Address	_____				
City	_____	State	_____	Zip	_____
Phone	_____	Email	_____		

9. Guest	_____	Meal Choice (circle):	Beef	Salmon	Vegetarian
Address	_____				
City	_____	State	_____	Zip	_____
Phone	_____	Email	_____		

10. Guest	_____	Meal Choice (circle):	Beef	Salmon	Vegetarian
Address	_____				
City	_____	State	_____	Zip	_____
Phone	_____	Email	_____		

Please note here any special requests/allergies/food restrictions:

Thank you for your support of FSH Muscular Dystrophy Research.

14 Years of Creating Hope