



Table Captains/Sponsors

Organize your table for our 2025 Gala on **Saturday, February 1st at the Hyatt Regency in Bellevue, Washington.** Fill your table with friends, family and associates as we go **All In For A Cure** for FSHD. 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 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: \$1750¹
(\$175 per person)

Guest Table: \$2000²
(\$200 per person)

Benefactor Table: \$3000³
(\$300 per person)

¹Prior to Dec 31, 2024 ²After Dec 31, 2024 ³Includes catalog recognition, 2 Drink Tickets or Valet Parking, and Gift.

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 **January 20, 2025**

EMAIL: connect@fshfriends.org

MAIL: 217 19th Place, Kirkland WA 98033

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

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

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

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

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

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

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

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

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

10. Guest _____ Meal Choice (circle): Beef Fish 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.

20 Years of Creating Hope