

The World of POLKA DOTS!

Amador STARS presents the 15th annual Amador County

BUNCO for Breast Cancer

APRIL 12, 2019

jackson rancheria conference center

doors 4:30pm

bunco 6:00pm

- **Cash Raffle**
- **Wine Raffle**
- **No-Host Bar**
- **Costume Contest**
- **Silent & Live Auction**
- **Dessert Buffet at 8pm**

*Two lucky
cash winners
will be drawn
this year!*

**\$40/person
before feb 16**

**\$45/person
after feb 16**

register online or by mail

*Amador STARS
Cancer Support,
Transportation &
Resource Services*

**Celebrating
16 years
of
local funds
for
local cancer needs**



**Sponsored by:
Jackson Rancheria
Claypool's Gift & Home
Sobon Winery**

Forms & info: 209-267-1246 • amadorstars.org

BUNCO FOR BREAST CANCER

Registration Information



Bunco players have ONLY 3 options to register for the event:

- Sign up as a single player, and we will try to assign you to a team – no guarantees.
- Sign up with 6 players and you're guaranteed to play with those 6 players.
- Sign up as a full team of 12 and you're guaranteed to play with those players.

You must sign up as one of these 3 options -- no variations. If we don't receive enough single sign-ups to form a team, we will refund those registrations following the event.

NOTE: If you sign up with others, but not an even 6 or 12, your registration will be returned!

- Phone registrations will not be accepted. You may register by mailing in this form, or online at www.amadorstars.org and pay with PayPal or a credit card.
- All registrations must include full payment and be completely filled in. **All players wanting to play together must register together on one form.**
- Registration is FIRST COME, FIRST SERVED. We often sell out and have to turn away players, so send your form and money in ASAP.
- **Pre-registration deadline is FEBRUARY 16, 2019.** Each player will receive confirmation 2 weeks before the event.
- Refunds will be issued only if the event is sold out when your registration is received.
- Spaces cannot be saved or reserved; registration is accepted only when the attached form and payment are received by the Amador STARS office.
- Refunds will not be issued if a player is unable to attend, but you may find a substitute to take your place.
- Hotel rooms available both Friday and Saturday nights April 12 & 13 at \$149 per night. Call the Rancheria at (800)-822 WINN and mention Bunco for Breast Cancer.



Mail form and payment to: Amador STARS, PO Box 208, Jackson CA 95642

PLEASE MAKE CHECKS PAYABLE TO AMADOR STARS



**Please completely fill out both sides
of the enclosed registration form!**

THANK YOU FOR SUPPORTING

Amador STARS
Cancer Support, Transportation
& Resource Services

QUESTIONS? Call STARS at 267-1246 • amadorstars.org

Registration & Raffle Pre-Order Form

PLEASE COMPLETELY FILL OUT BOTH SIDES OF THIS FORM

1. REGISTRATION FOR BUNCO (required)

Please register me/us as: (select one) Single player Team of 6 Team of 12

NOTE: If you sign up with others, but not an even 6 or 12, your registration will be returned to you!

Please list team captain first (this will be our contact person). If single player registration, list here.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (only if you check it!): _____

Please list all team members playing with you on the reverse side of this form!

Total number of players: ____ x \$40 each (\$45 each after February 16th).

2. PRE-ORDER RAFFLE TICKETS for you and/or your teammates (optional)

Pick up tickets at event check-in. Tickets also on sale at event. To order in multiples of 12, indicate quantity below.

Name: _____ sets of 12 tickets (\$10 per set)

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GRAND TOTAL ENCLOSED: \$ _____ (add total from section 1 and section 2 above)

If paying by check, please make checks payable to Amador STARS. DO NOT SEND CASH.

To pay by credit card, please complete info below:

Please charge my: ____ Visa ____ Mastercard ____ Discover ____ American Express

card number

exp. date

cvc code

cardholder's signature

Name on credit card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mail form and payment to:

Amador STARS, PO Box 208, Jackson CA 95642

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QUESTIONS? Call STARS at (209) 267-1246.

Don't forget to enter
your team members
on the other
side of this form!





Captain's Name (from front of form): _____

NOTE: All players' names & addresses must be completed!

(please list email addresses only if that person checks their email regularly!)

Player 2 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 3 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 4 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 5 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 6 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 7 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 8 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 9 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 10 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 11 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Player 12 Name: _____ Phone: _____ Email: _____

Mailing Address: _____

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