

Brain Injury Resource Center of Wisconsin

7TH ANNUAL



HOLIDAY PARTY

Saturday, January 19, 2019
From 12:00 noon until 3:00 pm
Mitchell Park Pavilion
2200 West Pierce Street, Milwaukee

**Limited handicap parking is available at the Pavilion
General parking can be accessed by driving around the north side of the
Mitchell Park Domes and following the roadway to the Pavilion**

SCHEDULE OF EVENTS

Check-In 12:00 nn until 12:30 pm

Buffet Style Luncheon 12:30 pm until 1:30 pm

"Secret" Speaker (*The "Secret Speaker" will be revealed at the party*) 1:30 pm until 2:30 pm

5 Second Rule Game (Organizer Linda Scherwinski) – 2:30 pm until 3:00 pm

Tour the Mitchell Park Domes - 3:00 pm until 4:00 pm

Party Registration must be received by Wed, January 9, 2019 (Max capacity is 125)

Use the return envelope and place it in the mail no later than January 1, 2019

Registration Cost: Free (estimated value for each person is \$30.00)

In the unlikely event that weather or an unforeseen circumstance cancels the party, registrants will be called at the number on the registration for no later than 9:00 am, and a notice will also be posted to WISN in Milwaukee at <https://www.wisn.com/weather/closings>

The Brain Injury Resource Center of Wisconsin wishes to thank the following event sponsor:

CITIZENS BANK

For Now. For the Future.

RETURN THIS PAGE TO SECURE YOUR DOMES TICKET AND PLACE AT THE TABLE

Party Registration must be received by Wed, January 9, 2019
Use the return envelope and place it in the mail no later than January 1, 2019
Registration Cost: Free (estimated value for each person is \$30.00)

YES, I/WE ARE ATTENDING:

Contacts First Name			Contacts Last Name						
Mailing Address									
City				State		Zip Code			
Cell # (including area code)									
Home # (including area code)									
(Choose One) Call me on this phone in case of cancellation <input type="checkbox"/> CELL <input type="checkbox"/> HOME									
Email									
Total Number Attending the luncheon		Adults		Children 6 - 17		Children 0 - 5		Service Dog	<input type="checkbox"/> Yes
Total Number going to the Domes		Adults		Children 6 - 17		Children 0 - 5		Service Dog	<input type="checkbox"/> Yes
Yes, I/We are attending and to help defer costs please accept my tax deductible gift of \$ _____									
<input type="checkbox"/> Check here if a donation receipt is needed									
Make Checks Payable to the Brain Injury Resource Center of Wisconsin and use the enclosed envelope to return the form and donation.									

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NO, WE ARE UNABLE TO ATTEND BUT PLEASE ACCEPT MY TAX DEDUCTIBLE DONATION OF \$ _____

Make Checks Payable to the Brain Injury Resource Center of Wisconsin and use the enclosed envelope to return the form and donation.

PLEASE COMPLETE THE INFORMATION BELOW IF A DONATION RECEIPT IS NEEDED

First Name			Last Name					
Mailing Address								
City				State		Zip Code		