



**1st Annual 1736 Poker Classic
To Benefit
1736 Family Crisis Center
Commerce Casino
June 9, 2007**



Player Registration Form

- I would like to purchase _____ seats at \$250 per seat. AND
 I would like to purchase _____ non-player admissions at \$50 per ticket.
 I/We cannot attend, but will donate \$_____.

I authorize 1736 FCC to charge \$_____ to my Visa/MC/Discover #_____
Expiration Date:_____ Security Code (back of card):_____ Billing Zip Code:_____
Signature: _____

Company: _____

Contact Name: _____

Address: _____

City: _____

Telephone: _____

Email: _____

Recognition Name(s): _____

Make check payable to: *1736 Family Crisis Center* and mail to 2116 Arlington Ave. #200, Los Angeles, CA 90018
On-line Donations at www.1736fcc.org, or Call (323) 737-3900 x207
Inquiries: events@1736fcc.org Tax ID # 95-3989251

For sponsorship opportunities, please call 323. 737-3900 x 207