7th Annual Gamers for Cures

24 Hour Board Game Marathon

Saturday November 11, 2017

Player's full name: ___



To register for the Gamers for Cures 7th Annual 24 Hour Board Game Marathon as a **Marathon Player**, or **Overnight Player**, please complete the information below, sign at the bottom, scan and e-mail to gamersforcures@gmail.com, or turn in at the front register at The Gamers Armory.

	Player's email address:	_		
	Player's phone number:	_		
	Player's T-shirt size: (check one) \square YS \square YM \square YL \square S \square M \square L	$\square XL$	□2X	□3X
	What you are registering for: (check one)			
	☐ 24 Hour Board Game Marathon Player			
	☐ Overnight player			
#	As a Marathon Player, I agree to rasise or donate \$100 or more to secure my spot. (rememare tax deductable)	ıber, all o	donation	S
*	As an Overnight Player , I agree to rasise or donate \$50 or more to secure my spot. (remerare tax deductable)	nber, all	donation	18
★ I agree to provide proof of my donation or donations on my behalf (made to the First Giving Site) whe check in the morning of the event, November 11, 2017.				
*	★ I agree that if I have not raised the funds through the First Giving site, I will make my required donation when I check in the morning of the event, November 11, 2017.			
*	As a Marathon player , I will receive a free T-shirt, 5 free raffle tickets, a 24 Hour badge (ac from 8am Saturday until 8 am Sunday), and I will be able to participate in Breakfast, Lunciprovided by the Sponsors.			
*	As a Marathon Player, I agree to check in at the event at 8am Saturday November 11, 2017. If I am event and checked in by 10am, my overnight spot may be made available to walk in customers who purchase the Overnight Player package.			
*	As an Overnight Player , I will receive a free T-shirt, an Overnight badge (access to the sto hours and from 11pm Saturday until 8 am Sunday).	re durin	ig open	
*	I understand that my donation and any money raised on my behalf will ALL be donated to Syndrome Society of the Untied States and/or the Turner Syndrome Society of North Card refundable.			
Play	er's signature: Date: _			
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