



Play It Forward

6901 Jericho Turnpike, Syosset, NY 11791 ♠
 (516) 558-7799 ♠ www.SagamoreBridgeClub.com

The LONGEST DAY

to benefit Alzheimer's Association

Join us on June 18th, 2019, to play Bridge from Dawn to Dusk, to promote the importance of Brain games in the fight to cure Alzheimer's!

Participation Information:

- Each team must consist of a minimum of 4 and maximum of 7 players.
- Each team must commit to participating, as a group, in (8) pair games (12 boards each), from 6:30am-9:00pm.
- Only two members of each team are required to represent the team at each game. *Minimum team representation may consist of either: any two registered members of the team playing as a pair or one member of the team and their non-member partner.* More participation is welcomed. In fact, play in as many games as you wish!
- Game times/Food breaks are posted or can be found on the Game form. The event is expected to end at 9:30pm with a Dessert Celebration & Raffle drawing.
- At every game, raffle tickets will be issued to participants for various prizes. **Grand prize worth \$300!**
- Raffles to be drawn following Game 8 (approx. 9:00pm). *Winners do not need to be present to win!*
- Players in Games 1, 2 & 8 will receive (3) Raffle tickets each. (1) Raffle ticket, will be gifted in Games 3-7.
- \$25 participation fee, per team member, is requested at registration time. *(This fee will be used by the Sagamore to cover expenses of the days' events (director fees, staffing, food, refreshments, prizes, and to pay for required ACBL sanction fees (approx. \$5-6 per table played...the ACBL has pledged to then donate these fees).*
- **Teams are expected to fundraise at least \$500**, this does not include the entry fees. Of course, more may be raised through sponsorships & donations.
- Teams may register without paying entire participation fees up front. All monies due by June 15th.
- Each team will be provided tools (Team webpage, flyers, etc.) to help raise funds and sponsorship donations.
- All members of a team will not incur card fees for any games they play in that day. *Non-team participants may play in any mini-game that day for \$10 card fee, per game, or **NEW! \$30 All-Day Pass.***
- Masterpoints will be awarded all day. *Play in as many mini-games as you wish. Non-team participants will not be issued team-only raffle tickets, but may be purchase them that day.*

REGISTER YOUR TEAM TODAY!

Return form with team entry fees \$25 per person

| | |
|---------------------------|----|
| Team Name: | |
| Captain's Name: | 1. |
| Captain's Contact Phone: | |
| Captain's E-mail Address: | |

| | |
|---|----|
| Add additional Team member names below: | |
| 2. | 5. |
| 3. | 6. |
| 4. | 7. |

Questions? Contact Silvana at 516-652-9035 or email director@sagamorebridgeclub.com



Play It Forward

The LONGEST DAY

Game Form due by June 15th

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Participation Instructions:

- Each team must commit to participating, as a group, in (8) pair games (12 boards each). Game times below. Only two members of each team are required to represent the team at each game. *Minimum team representation may consist of either: any two registered members of the team playing as a pair or one member of the team and their non-member partner.* More participation is welcomed.
- At every game, raffle tickets will be issued to participants for various prizes. **Grand prize worth over \$300!**
- Players in Games 1, 2 & 8 will receive (3) Raffle tickets each. (1) Raffle ticket, will be gifted in Games 3-7.
- The event is expected to end at 9:00pm with a Dessert Celebration & Raffle drawing immediately following. *Families of participants are welcome to kibitz any game and join us for dessert.*
- All members of a team will NOT incur card fees for any games they play in that day. *Non-team participants may play in any mini-game that day for \$10 card fee, per game, or **NEW! \$30 All-Day Pass.***

Coordinate with your team members and divide the responsibility of representing your team at each game. Fill in below who will play in each event and include Masterpoint totals when you can. Contact Silvana at 516-652-9035 if you have questions.

| | | |
|--|---------------------------------|---|
| Team Name: | | |
| | Team Member and MP total | Partner and MP total (can be a non-team member) |
| Game 1- 6:30am <i>(3) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Breakfast Break 8:00am | | |
| Game 2- 8:15am <i>(3) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Game 3-10:00am <i>(1) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Hot Lunch Break 11:30pm | | |
| Game 4-12:00pm <i>(1) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Game 5- 1:45pm <i>(1) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Game 6- 3:30pm <i>(1) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Sandwich Break 5:15pm | | |
| Game 7- 5:45pm <i>(1) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Game 8- 7:30pm <i>(3) raffle tickets per team member</i> | | <input type="checkbox"/> Team member <input type="checkbox"/> Non-Team member |
| Dessert Celebration and Raffle Drawing (Approx. 9:00pm) | | |

NOTE: Any changes must be called in to the director at least 1 hour before any game.



The LONGEST DAY

Sponsorship Form

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Participant information

I, _____, have joined a team that is committed to playing bridge for 15+ hours on June 18th, 2019, from dawn until dusk, at the Sagamore Bridge Club in Syosset, NY, to raise funds and awareness about the importance of brain games in the fight to delay the onset of Alzheimer's, dementia and other degenerative brain diseases.

Won't you support my team, _____, reach our goal?

Donor information *(person making the donation)*

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact info (Tele and/or email) _____

Donation information *(Check all that apply)*

I would like to make a donation in the amount of:

\$100 \$50 \$25 Other (Please list amount): \$ _____

Please make my donation anonymous. (If you enter a tribute message below, that information will still display on the donor recognition wall.)

I would like to include a tribute (please mark your sentiment and fill in a name on the line):

In Honor of In Memory of In Support of _____

Payment information *(Check all that apply)*

My check made out to the **Alzheimer's Association®** is attached.

Please charge my Visa MasterCard American Express Discover

Credit Card number: _____ Expiration date: _____ CVV: _____

Signature: _____ Today's date: _____

Note: Cash donations are acceptable and should be stapled to the bottom of this form. All sponsorship forms should be submitted to the Sagamore Bridge Club at the address above.



The LONGEST DAY
Corporate Sponsorship Form

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On behalf of the Alzheimer’s Association® and the ACBL, the inaugural partner for The Longest Day®, the **SAGAMORE BRIDGE CLUB** will participate in a marathon of bridge games on June 18, 2019 along with ACBL bridge players across North America from 6:30am to 9:00pm.

The Longest Day is a sunrise-to-sunset team event honoring the strength, passion and endurance of those facing Alzheimer’s disease. Participating teams will complete approximately 15+ hours of bridge play - to raise awareness and funds for the care, support and research efforts of the Alzheimer’s Association.

Research indicates that playing bridge may potentially keep your brain healthy and delay the onset Alzheimer’s, dementia and other degenerative brain diseases. In that spirit, many of the 165,000 ACBL members have decided to “do something they love“ and join the fight against Alzheimer’s on The Longest Day.

My team, _____, is aiming to raise approximately \$_____

Won’t you sponsor our efforts and support our fundraising goal?

Donor information

Company Name: _____
 Representative Full Name: _____
 Company Address: _____
 City: _____ State: _____ Zip: _____
 Contact info (Tele and/or email) _____

A. Our Company would like to match a portion of every dollar you raise in the amount of:

- \$1.00 per dollar
- .25 cents per dollar
- .10 cents per dollar

B. Our Company would like to make a flat donation in the amount of \$_____

Please make our donation anonymous. *(If a tribute message is entered below, that information will display on the donor recognition wall.)*

We would like to include a tribute (please mark your sentiment and fill in a name on the line):

In Honor of In Memory of In Support of _____

Please charge our Visa MasterCard American Express Discover

Credit Card number: _____ Expiration date: _____ CVV: _____

Signature: _____ Today’s date: _____

We intend to pay by check, made out to the **Alzheimer’s Association®**, on June 18th, when the final total amount raised can be properly calculated.

Questions? Please contact me, _____, at _____

Thank you in advance!