THE CHILDREN'S ASSOCIATION – MINNEAPOLIS PRESENTS AN "EVENING OF CHANCE" FOR THE LOVE OF CHILDREN

FRIDAY, MAY 3, 2002 7:30 P.M. REGISTRATION 8:00 P.M. – 11:00 P.M. CASINO

THE METROPOLITAN BALLROOM 5418 WAYZATA BOULEVARD MINNEAPOLIS, MINNESOTA

HORS D'OEUVERS & DESSERT

CASH BAR

MUSICAL ENTERTAINMENT BY THE OUTLIERS

VALET PARKING

CASUAL ATTIRE

"AN EVENING OF CHANCE" FOR THE LOVE OF CHILDREN

A Benefit for TAMS (Teen Age Medical Service), An affiliate of Children's Hospitals & Clinics – Minneapolis

You are cordially invited to "An Evening of Chance", the First Annual Casino Night of The Children's Association — Minneapolis, benefiting TAMS, an adolescent outpatient program of Children's Hospitals and Clinics. TAMS opened in 1968 and is located in a renovated house in the Phillips neighborhood of Minneapolis. TAMS serves youth ages 10-22 offering comprehensive services that respond to the specific needs of adolescents — physical, social and psychological. TAMS has specialized in serving adolescents who have not been well served by the traditional health care system-many of the patients are uninsured, many are also living in poverty. TAMS also operates a school-based clinic at Southwest High School in Minneapolis.

The Children's Association – Minneapolis was formed in 1958 for the purpose of raising funds to help build a children's hospital. The hospital doors opened in 1973 and over the past 44 years, the Association has donated over \$7,500,000 to Children's – Minneapolis.

Please join us for a memorable and fun-filled evening with food, gambling and entertainment.

"An Evening of Chance" A Benefit for TAMS (Teen Age Medical Service)

♣ High Roller Sponsor \$5,000 (\$4,760 tax deductible) – Includes 8 players	Guest:
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 Deuces Wild Sponsor \$2,222 (\$2,042 tax deductible) − Includes 6 players Lucky 7 Sponsor \$777 (\$657 tax deductible) − Includes 4 players 	Guest:
♠ Player \$75 – Includes startup money, prize drawing entry	
Enclosed is my check payable to the Children's Association – Minneapolis in the	Guest:
amount of: \$ Please charge \$ to my Visa/Mastercard	
Account Number	Guest:
Expiration Date Signature	Guest
I am unable to attend. Please accept my donation of \$	
Name (please print)	Guest:
Address	
City State Zip	
Please print names of guests on reverse side. Thank you!	Guest:
PLEASE SEND YOUR RESERVATION BY APRIL 24 TO:	Guest:
PLEASE SEIND TOUR RESERVATION DT APRIL 24 TO:	
Lynn Freeman 1383 St. Andrew Boulevard	Guest:
Eagan, MN 55123	
0	Guest:
Questions? Call 612-813-6226 or 651-452-6123	
	Guest: