

TRIVIA NIGHT



TO BENEFIT
CARL PERKINS CENTER
FOR THE PREVENTION OF
CHILD ABUSE

YOU'RE INVITED

AUGUST 9TH

6:00 PM

JOIN US FOR A FUN NIGHT

TO BENEFIT

THE CARL PERKINS
CHILD ABUSE CENTER

\$100 PER TEAM OF 6

ENJOY DOOR PRIZES
TEAM TRIVIA
AND
SEC TABLE DECORATING COMPETITION

BYOB AND SNACKS FOR YOUR TABLE

TRIVIA TEAM WINNERS RECEIVE
CWTAR'S COVETED TRAVELING TROPHY
AND BRAGGING RIGHTS FOR A YEAR.

TABLE DECORATING COMPETITION



REPRESENT YOUR ALMA MATER
OR FAVORITE SEC TEAM

RULES

Your decorations may include centerpieces, tabletop
and chair decorations, etc.

WHAT WILL BE PROVIDED:

1 – 6' long table with 6 chairs

JUDGING CRITERIA:

Theme 30 points

Creativity/Originality 30 points

Complexity 15 points

Overall Appearance 25 points

TOTAL POINTS 100 points

Decoration of the tables must be done between
10:00am – 3:30pm on August 9th

Judging will occur between 3:30-4:30pm and winner
will be announced during the formal program.

Guests shall not place any glue, nails, tape, hook,
hangers or suction cups of any type on the interior or
exterior floors, doors or walls of the venue. No
confetti, glitter, feathers or sparklers will be allowed
inside the facility. Please DO NOT incorporate any
live animals, open flames or items that may pose a
health risk into your designs as they will have to be
deemed inappropriate and removed from the contest.

All decorations will need to be removed at the end
of the night.



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Date: August 9, 2019

Location: 935 B Old Humboldt Rd, Jackson, TN 38305

Table Decorations 10am-3:30pm, Event begins 6:00pm

Teams of 6 \$100

Please complete this form and return to: rsvp@cwatar.com OR

CWTAR Events: 935B Old Humboldt Rd, Jackson, TN 38305

Places can only be reserved after payment has been received.

Title First name Surname

Position Company

Postal address

Mobile Phone Email

☐ Table of 6 only ☐ Table of 6 plus SEC Table Decorating Contest

Card Type ☐ MasterCard ☐ Visa ☐ Amex Total Amount to Charge Credit Card: \$

Credit Card Number:

Name of Cardholder: Expiry Date:

Cardholder CVV / Amex

Signature: Code

Team Name

Please list the name, email and phone number of your team members.

1.

2.

3.

4.

5.

6.

Please advise us if you or any members of your group has special dietary requirements: