

IT'S VALENCIA FALLS PAP CHAPTER NFL FOOTBALL POOL









THE STANDARD GAME

- Select the winners for 240 regular season Saturday to Monday games — plenty of action! Thursday games excluded. <u>Tie-breaker:</u> Total score for the Monday game.
- 2. Entry Fee: \$100, payable to Pap Corps by Sept. 4th.
- 3. \star 50% goes to the winners, 50% to Pap.
 - ★More winners than ever.
 - ★More money for awards than ever.
 - ★Weekly winners and end year winners.
 - ★\$100 for the Booby Prize (most losses).
- 4. And remember, by joining you help fight cancer!

THE SURVIVOR GAME

- 1. Each week select the winner of 1 regular season Saturday to Monday game up to <u>18</u> weeks of action! Thursday games are excluded.
 - ★Your team *must* win for you to stay in.
 - ★No team can be picked twice.
- 2. Entry Fee: \$25, payable to Pap Corps by Sept. 4th.
- 3. <u>Distribution:</u> Last 4 Survivors share 50% (20%, 15%, 10%, 5%) The Pap Corps gets 50% of all revenue
- 4. And remember, by joining you help fight cancer!
- All picks are made online. The password for the pool will be emailed to you when the entry fee is paid.
- All selections must be made before the first Saturday/Sunday kickoff that weekend. For example, Week 1 picks are due by Sunday, September **4th** at 1 PM. (Leave time for us to send your sign-up information.)
- To increase the awards and the fun, ask friends and family to join. You don't have to live here to join! Why not enter more than once? Or team up with a friend. The more people, the more awards.
- Questions? Contact Bruce Logue at blogue4@hotmail,com or (561) 908-2761
 - To enter: Bring your check with your ID# on it, (members) and this form to the Pap Box in the clubhouse
 - Mail to: **Janet B. Schwartz**, 13429 Cordoba Lake Way, Delray Beach, FL 33446. Write FOOTBALL in the memo field of the check.
 - Click here to go to https://app.mobilecause.com/form/WjuPSw?vid=s6t9p and use your credit card.

DONATIONS ARE TAX DEDUCTIBLE TO THE FULL EXTENT ALLOWABLE BY LAW Enclosed is my check for □ Standard Pool (\$100) □ Survivor Pool (\$25) □ Both Pools (\$125)

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Phone:	: (C) (H)			ID# or Donor Credit To:		
Check: Number	Check D	Check Date:		Amount Enclosed		