

TCLL 2017 Casino Night  
Saturday, April 29, 2017

Team Name: \_\_\_\_\_  
Team Mom Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Basket Name: \_\_\_\_\_ Total Value: \$ \_\_\_\_\_

**Complete Description** (include information for the program/basket flyer of each item in the basket and it's individual value as well as such as interesting facts, unusual aspects, size, color, dates donation is available, etc. Please be as descriptive as possible):

**Limitations** (# of persons, time of year, excluded dates, expiration, etc.):

**BASKET DUE**  
**Friday**  
**April 14, 2016**  
**12 Jackson Court**  
**CDC, CA 92679**