



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A NIGHT OF CHAMPIONS

## JOIN US FOR A NIGHT OF CHAMPIONS WITH THE PISTONS!

**DATE:** Thursday, October 26, 2017  
**TIME:** 6:00 PM - 9:00PM, Doors open at 5:30PM  
**LOCATION:** SC4 Fieldhouse, 323 Erie St, Port Huron, MI 48060

**SCHEDULED TO APPEAR:** Detroit Pistons Bad Boys Alumni members  
Bill Laimbeer, James Edwards, and Rick Mahorn

**BENEFITS:** Open Arms Financial Assistance Fund  
and critical mission-based Y programming for the  
YMCA of the Blue Water Area

### EVENING TIMELINE:

6-9 PM Event  
5:30 PM Doors open  
6:00 PM Event starts, pregame festivities,  
silent auction  
7:30 PM Evening program begins, Life Member  
Recognition  
8:00 PM Player's presentation  
8:30 PM Live auction



A special presentation will  
recognize the Y's newest  
Life Member Award  
recipients.

- Greg Busdicker
- Julie Moak
- Mark Walker
- Mel Wallbank

Don't miss this special  
evening!

**SPECIAL ACTIVITIES:** Fun basketball activity, live  
auction of player jerseys, silent auction of sports  
memorabilia and MORE!

**TICKETS:** \$100 each or \$1,000 per table of 10  
Tickets will be sent out 7-10 days prior to event

**SPONSORSHIP:** Opportunities are still available.

For more information contact Liz at 810.987.6400  
ext. 279 or [esawielski@bluewaterymca.com](mailto:esawielski@bluewaterymca.com)

**A NIGHT OF CHAMPIONS FEATURING DETROIT PISTONS ALUMNI  
BILL LAIMBEER, RICK MAHORN AND JAMES EDWARDS  
THURSDAY, OCTOBER 26, 2017 AT 6:00 PM IN THE SC4 FIELDHOUSE**

**Ticket Order Form**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Tickets at \$100 each                      \_\_\_\_\_ \$1,000 Table

People at my table:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I am unable to attend but would like to make a donation of \$ \_\_\_\_\_

\_\_\_\_\_ Total Amount

Payment Method:  Check  Check  Visa  MasterCard  Discover   
American Express

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

Staff Use

Initials and date received: \_\_\_\_\_

Amount received: \_\_\_\_\_