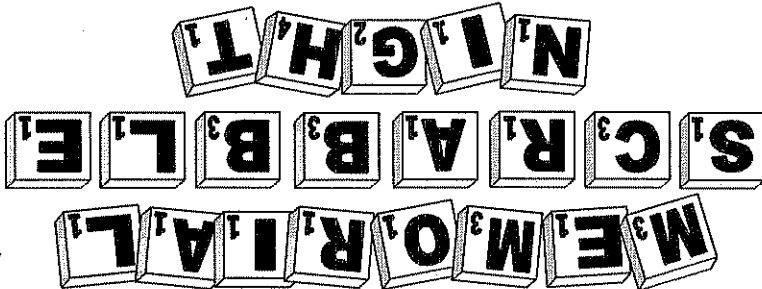


**SCOLA Volunteers for Literacy**

presents



**The First Annual**

**Barbara J. Graham**

For twenty-five years adult students have relied on SCOLA to teach them to read and write. Recognized at the local, state and national levels, SCOLA is proud of the excellence of its programs and the successes of its students.

**When:** September 10, 2005  
**Time:** 6:00 p.m. to 8:30 p.m.  
**Where:** Boscov's Department Store Auditorium - 2<sup>nd</sup> floor  
 Steamtown Mall—Scranton PA

Prizes awarded to  
**TOP THREE TEAMS!**

- Team Registration (3 Person) \$75 (\$25 for each team member)
- Individual Registration \$30

A FUN  
 Raiser!

**RULES OF COMPETITION**

- Teams of 3 will compete against other teams to obtain highest team score.
- Space is limited; early reservations strongly recommended.
- Walk-ins will be accommodated as space provides.
- No children, please.
- Please bring your own Scrabble™ game with you, if possible.
- This is not a sanctioned Scrabble™ Tournament—it is for FUN AND PRIZES ONLY!

**For information or questions, call SCOLA at 570-346-6203, Ext. 12**

Door prizes! Light Refreshments! Extras! Fun!

Please PRINT and return this portion of the form with payment to:

SCOLA SCRABBLE™ NIGHT 2013 Boulevard Avenue Scranton PA 18509 Or FAX to: 570-346-3060

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

*Check all that apply:*

I am registering as a member of a team called \_\_\_\_\_  
 (Insert a team name! Have fun with it!)  
 TEAM MEMBER \$25 (for each member of the team. Separate registration required for each team member.)

The members of my team are (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

INDIVIDUAL \$30 I would like to be matched with two other players.

Yes, I can bring my own SCRABBLE™ game.  
 No, I cannot bring my own SCRABBLE™ game.

I am unable to attend, but please find my contribution of \$ \_\_\_\_\_ enclosed.

**Method of Payment:**  Check (Make checks payable to: SCOLA)  VISA  Master Card

Name exactly as it appears on credit card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

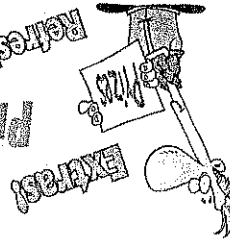
Signature: \_\_\_\_\_ Daytime phone number: ( ) \_\_\_\_\_

*Anyone requiring special needs should contact SCOLA prior to the event.*



For information & Reservations:  
 SCOLA at 346-6203, ext. 15

Prizes will be awarded to the top 3 teams!  
 Refreshments! Door Prizes! Extras!



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