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Executive Assistant

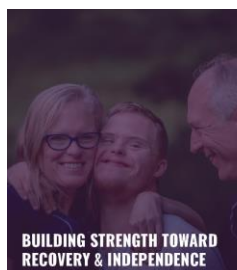
Carolyn Mayo

Senior VP of Development & Marketing

Gina Davio

Director of Corporate & Individual Giving

Morgan Dalton
Grants Specialist



June 16, 2022

Cobblestone Creek Country Club
2170 Lawrenceville Road, Lawrence Township, New Jersey 08648
Cobblestonecreekclub.com [\(609\) 896-0259](tel:6098960259)

SCHEDULE OF EVENTS

TENNIS (Tentative times)

7:45 AM	Morning Registration/Team photo shoot/Breakfast
8:30AM – 10:30 AM	Men's & Woman's B play
10:30AM – 12:30PM	Men's & Woman's A Play
12:30 p.m. – 1:30 pm	Lunch
12:45 PM	Afternoon registration and warm-up
1:30 p.m. – 3:30 p.m.	Mixed Doubles Play
3:30 p.m. – 4:30 p.m.	Men's & Women's Finals A & B

Watch finals from Tennis Center Veranda with wine/beer and light hors d'oeuvres

DINNER/AWARDS RECEPTION

In Clubhouse Ballroom. Dress is business casual

6:00 pm – 9:00 pm	Live Music, Silent Auction, 'Fund A Need' Appeal, Open Bar, Dinner, Awards, Door Prizes
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REGISTRATION

PLAYERS PREFERENCE: Please provide USTA ranking if applicable

- | | |
|--|--|
| <input type="checkbox"/> Men's Doubles A | <input type="checkbox"/> Men's Doubles B |
| <input type="checkbox"/> Women's Doubles A | <input type="checkbox"/> Women's Doubles B |
| <input type="checkbox"/> Mixed Doubles A | <input type="checkbox"/> Mixed Doubles B |

TENNIS TEAM (\$400)

Includes: Registration, VFS Gift, team photos, dinner/award reception for 2

Player 1 _____

M F

Player 2 _____

M F

INDIVIDUAL PLAYER (\$200)

Includes: Registration, VFS Gift, team photos, dinner/award reception for 1

Player _____

M F

DINNER/AWARDS RECEPTION ONLY (\$150 per individual)

Includes dinner buffet, open bar, Silent Auction, Fund-A-Need Appeal, award presentations, door prizes

Dinner Guest Name(s) _____

I'm unable to attend but please accept this donation \$ _____



Payment information

Individual/Company Name: _____

Contact Person: _____

E-mail: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell () _____

PAYING BY CHECK: Check made payable to “SERV Foundation”

CREDIT CARD PAYMENT:

Credit Card VISA MC AMEX DISC

Card # _____ Exp. Date _____ CVV Number _____

YES! I'd like to help more by paying the credit card processing fees

Please mail your payment to: SERV Foundation, 20 Scotch Rd., Ewing, NJ 08628

*For more information, contact Gina Davio at (609) 342-5379 or GDavio@servbhs.org
Or visit servbhs.org*