



Drunken Stumble Back to the 80's Glow Bowl Party

**When:**

Friday September 22nd, 2017 at 7pm

Where:

Pin Chasers
4847 N. Armenia Ave, Tampa, FL

Stumble back to the 80's Glow Bowl Party will benefit the Sultans Egypt Shiners Transportation Fund. Your support will help us continue serving families in our community.

2017 SPONSORSHIP LEVELS

Perfect Game—\$500 (Event Sponsor only 5 available)

- Company name/logo on 3' x 10' banner at event entrance and signage at the registration table
- Company name mentioned in social media leading up to the event and on the event's Facebook page
- Recognition by the emcee during the event and opportunity to speak
- Company name/logo included in event emails

Strike— \$250

- Company name/logo on 3' x 6' banner covering two lanes Company
- name in social media leading up to the event
- Recognition by the emcee during the event
- Company name/logo included in event emails

Spare— \$150

- Company name/logo on 3' x 5' banner covering one lane
- Recognition by emcee during the event

7-10 Split— \$75

- Company name/logo on 8 1/2" x 11" sign at buffet table



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2017 SPONSORSHIP AGREEMENT

*All sponsorship commitments must be received by **September 12th** for inclusion in event materials.

BUSINESS INFORMATION

Name of Business: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

SPONSORSHIP INFORMATION

Please indicate your sponsorship level and dollar amount of sponsorship.

☐ Perfect Game (\$500) \$ _____

☐ Strike (\$250) \$ _____

☐ Spare (\$150) \$ _____

☐ 7-10 Split (\$75) \$ _____

☐ We are not able to be a sponsor at one of the levels above but we would like to provide a basket raffle donation/item _____

or the enclosed \$ _____ monetary donation.

☐ My company is also interested in having a team. Please contact me!

PAYMENT INFORMATION

☐ Please invoice us.

☐ We have included a check.

☐ We would like to pay by credit card.:

☐ Visa

☐ MasterCard

Card Number: _____ Expiration Date: _____

Name on Card: _____ CVV Number: _____

Signature: _____

Please return this form to Krewe of Shamrock PO Box 891326, Tampa, FL, 33689. Or contact Traci Nash 813-545-9642 tracinash2@gmail.com or Patrick Pustay 727-643-6582 ppustay1@gmail.com with any questions, concerns or comments.