



• SPONSORSHIP CONTRACT FORM •

TABLE SPONSORSHIPS

THE BIG KAHUNA - \$15,000

2 Tables (Seating for 20) Priority Seating
20 VIP Reception Tickets

HANG TEN - \$10,000

1 Table (Seating for 10) Priority Seating
10 VIP Reception Tickets

ALOHA - \$5,000

1 Table (Seating for 10) Priority Seating
10 VIP Reception Tickets

OHANA - \$2,500

1 Table (Seating for 10) Priority Seating
10 VIP Reception Tickets

LUAU - \$1,500

1 Table (Seating for 10) Priority Seating
2 VIP Reception Tickets

LITTLE DEUCE COUPE - \$500

2 Tickets in Priority Seating
2 VIP Reception Tickets

PROMOTIONAL SPONSORSHIPS

ENTERTAINMENT - \$5,000

2 Tables (Seating for 20) Priority Seating
4 VIP Reception Tickets

BEVERAGE - \$2,500

1 Table (Seating for 10) Priority Seating
2 VIP Reception Tickets

NAPKINS & CUPS - \$2,500

4 Tickets
2 VIP Reception Tickets
Company Logo or Name Printed on Napkins & Cups

PHOTOGRAPHY - \$2,500

4 Tickets
2 VIP Reception Tickets
Company Logo or Name Printed near Photography Section

INVITATIONS - \$1,500

4 Tickets
2 VIP Reception Tickets
Company Logo or Name Printed on Invitations

SOLD OUT

SOLD OUT

SOLD OUT

Please see attached sheet to read about full sponsorship benefits. Meet the band VIP Reception will be held June 25 at 6:00 PM.

Sponsorship Title: _____ Donation: \$ _____

Donor Name: _____ Office #: _____

Donor Address: _____ Home #: _____

_____ Cell #: _____

Name of Contact Person: _____

Email: _____

Name and Address for Invitations (if different than above):

Ticket Delivery Name and Address (if different than above):

Donor's name as it should be listed in all printed materials:

I do not wish to be listed in the event program or applicable publications.

I decline all benefits.

I am unable to attend, but wish to make a \$ _____ contribution.

Thank you for supporting Brazosport Regional Health System, a non-profit organization. Please sign, retain a copy for your files and return original to: Brazosport Health Foundation
PO Box 90
Lake Jackson, TX 77566

If you have any questions, please call the Brazosport Health Foundation at (979) 297-6190 or email vickie.pichnic@brhstx.org.

Please make check payable to **Brazosport Health Foundation**.

Name: _____

Address: _____

City: _____

State & Zip: _____

email: _____

Check Visa MC Discover

Card#: _____

Expiration Date: _____

Signature: _____

