



501(c)(3) Organization

## SPONSORSHIP FORM

Please fill out the following form to confirm your chosen sponsorship package. Completed forms (*Sponsorship and Registration*) can be returned to iBuild Central Florida-President, Debbie Rodriguez at [ibuildcentralfl@gmail.com](mailto:ibuildcentralfl@gmail.com) or by fax to (888) 815-8147. Please contact us with any questions.

### CONTACT INFORMATION

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Person/Position

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

### SPONSORSHIP PACKAGE

\_\_\_\_\_ \$2500 – Frank Bracco iBuild Up Grant - **Bracco Diamond Sponsor**

Includes: Logo on Sponsor Board, Team Picture / 20 Drink Tickets/2 teams – 10 players/2 food choices

\_\_\_\_\_ \$1000 – Frank Bracco iBuild Up Grant - **Bracco Platinum Sponsor**

Includes: Logo on Sponsor Board, Team Picture / 10 Drink Tickets /1 team – 5 players/1 food choice

\_\_\_\_\_ I would like to contribute \$ \_\_\_\_\_ to the cause.

\_\_\_\_\_ I would like to provide \_\_\_\_\_ raffle prize for the event.

### PAYMENT INFORMATION

\_\_\_\_\_ Please send an invoice to the following email \_\_\_\_\_

\_\_\_\_\_ I have enclosed my check payable to: **iBuild Central Florida**

\_\_\_\_\_ Please charge my sponsorship to my credit card

\_\_\_ Amex \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVS: \_\_\_\_\_

Name: \_\_\_\_\_ (as it appears on card)

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Total Sponsorship Cost: \$ \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



# 1<sup>st</sup> Annual "Bowling Battle"

Mission: Creating synergy between organizations to increase awareness of the construction industry

## REGISTRATION FORM

**Date:** Friday, September 8, 2017  
**Time:** 6:00 p.m. (check in) – Bowling starts promptly at 6:30 p.m.  
**Where:** Colonial Lanes - 400 N. Primrose, Orlando, FL. 32803



Please provide a contact phone number for one person:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

| BOWLER: First & Last Name<br><i>(please print or type)</i> | Email Address<br><i>(please print or type)</i> |
|--|--|
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |
| 5.   |  |



\*Each team will receive (3) games of bowling; shoe rental and a goodie bag for each participant

\*Each team will receive food choice

### Please Select Your Food Choice:

(All Packages Include Fountain Drinks)

|              |   |
|--------------|---|
| ALL AMERICAN | Burgers, Hot Dogs, Baked Beans, Cole Slaw |
| DELI         | Deli Sandwich Rings, Wings, Chips         |
| PIZZA        | 1 Topping Pizzas                          |



## Attention All Bowlers!

There's a raffle coming your way!  
Tickets available for purchase night of the event



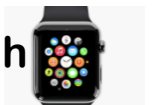
# Come ready to win GREAT PRIZES!!!

- Orlando Magic Pass  
Chase Lounge



- Various \$50/\$100 Gift  
Cards

- iPhone Watch



- Dave & Buster Gift Certificate

- Orlando City  
Soccer Tickets



- SeaWorld Pass

And Many Other Great Raffle Prizes