



Girls' Night Out
C/O Cancer Services
505 East Perkins Avenue
Sandusky, Ohio 44870
www.girlsnightoutcharity.com

OPPORTUNITIES TO SUPPORT GIRLS' NIGHT OUT

\$300 LEVEL - VENDOR

- Vendor table at the event (includes 8 ft table, covering and skirting)
- Listing in the event program
- Vendors can sell product the night of the event
- Two tickets to the event
- **Register by July 31, 2011 for special pricing of \$250**

\$750 LEVEL - GENERAL SPONSOR

- Vendor table at the event (includes 8 ft table, covering and skirting)
- Listing in the event program
- One full table for the event (10 tickets)
- **Register by July 31, 2011 for special pricing of \$600**

\$5,000 LEVEL - PRESENTING SPONSOR (Limit 1)

- Vendor table at the event (includes 8 ft table, covering and skirting)
- Large Logo on GNO Website, Programs and All Print Media
- Logo and listing in Girl's Night Out presentation
- Three full tables for the event (30 tickets)
- Sponsorship Signage on three tables
- All three tables served by waiters
- All three tables provided personal Pink Balloon Hotties
- Presenting Sponsor Banner provided by Girls' Night Out
- Radio spot with Girl's Night Out Representatives

An item of a value of \$75 or more would be greatly appreciated from all supporters for our Girls' Night Out Silent Auction. Pick-up of items can be arranged if necessary. For questions about Girls' Night Out, please call 419-626-4548.



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REGISTRATION FORM

GENERAL INFORMATION:

Company Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Person: _____ Phone Number(s): _____

E-mail: _____

DESIRED LEVEL OF SUPPORT:

____ Vendor (\$300 or \$250 by July 31) Electricity Needed: Yes__ No __

____ General Sponsor (\$750 or \$600 by July 31); Vendor Table Requested: Yes __ No __
Electricity Needed: Yes__ No __

____ Presenting Sponsor (\$5,000)

Additional Seating @ \$35 Each:

Number of Additional Seats: _____ x \$35 each = _____

PAYMENT INFORMATION:

Payment Form: Check: ____ Cash: ____ Credit Card: ____ Credit Card Type: _____

Credit Card Number: _____ Expiration Date: _____

Card Security Code: _____ Signature: _____
(3-digit number on back of card)

TOTAL AMOUNT ENCLOSED:

Supporting Amount _____ + Addt'l Seats _____ = _____

Please mail or fax completed form and payment to:

Girls' Night Out
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505 E. Perkins Ave.
Sandusky, OH 44870
Fax: 419-502-0222

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