



# THE BROOKE HEALEY FOUNDATION CASINO NIGHT REGISTRATION

Saturday March 3, 2018 at the Grand Summit Hotel

## ADVERTISING OPPORTUNITIES

Full Page Ad \$200	Half Page Ad \$125	1/4 Page \$75
-----------------------	-----------------------	---------------------

All ad copy information is due by February 15th.  
Please provide camera ready b&w (PDF or jpeg format) to michelebhf@gmail.com

	TICKETS	AMOUNT	TOTAL
<b>Presenting Sponsorship</b>	12	\$5,000	\$
<b>Signature Drink Sponsorship</b>	10	\$4,000	\$
<b>High Roller Sponsorship</b>	10	\$3,000	\$
<b>Play Money Sponsorship</b>	6	\$2,000	\$
<b>Money Wheel Sponsorship</b>	4	\$1,500	\$
<b>Craps Table Sponsorship</b>	4	\$1,000	\$
<b>Blackjack/Roulette/Poker Table Sponsorship</b>	2	\$500	\$
<b>Cocktail Napkin Sponsorship</b>	2	\$500	\$
<b>High Card Sponsorship</b>	1	\$200	\$
<b>Patron Sponsorship</b>	1	\$150	\$
<b>Individual Ticket/s</b>	x	\$100	\$
<b>Ad</b> (no charge if included w/ sponsorship)	Size:	\$	\$

**TOTAL: \$**

**Payment Information**

\_\_\_\_\_ Check enclosed, payable to The Brooke Healey Foundation  
 \_\_\_\_\_ Credit card (Visa, MC, Discover, AMEX)  
 Card #: \_\_\_\_\_  
 Exp.: \_\_\_\_\_ / \_\_\_\_\_ v-code: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, & Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Attendee/s: \_\_\_\_\_

Please return this form to:  
The Brooke Healey Foundation  
P.O. Box 981  
New Providence, NJ 07974

Contact Michele with  
questions:  
908-872-0291 or  
michelebhf@gmail.com

**THANK YOU FOR SUPPORTING THE BROOKE HEALEY FOUNDATION!**

*The Brooke Healey Foundation is a 501(c)3 organization, tax-exempt id# 46-3448744  
 P.O. Box 981 New Providence, NJ 07974      www.brookehealey.com*