

Classics & COCKTAILS



April 25th, 2020

Cocktails 5:30-7:00pm

Dinner 7:00pm

Cocktails | Sit Down Dinner | Live & Silent Auction | Raffle Drawing

Table Sponsor Packages

Vintage Special Sponsor: \$1,200

- One (1) Table of 8 – VIP Seating
- Unlimited Drinks
- Name recognition as official Hot August Nights Foundation sponsor on website, hotaugustnights.net/classics-cocktails
- Full Page ad in the printed dinner program
- Logo placement in dinner program
- Acknowledgement at the dinner event

Table Sponsor: \$800

- One (1) Table of 8 – Seating
- Unlimited Drinks

Classic Champagne Sponsor: \$1,000

- One (1) Table of 8 – VIP Seating
- Unlimited Drinks
- Name recognition as official Hot August Nights Foundation sponsor on website, hotaugustnights.net/classics-cocktails
- 1/2 Page ad in the printed dinner program

Individual Seat: \$100 each

- Unlimited Drinks

Benefits





PAYMENT AUTHORIZATION SHEET (April 25, 2020)

NAME OF BUSINESS: _____

CONTACT: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BEST CONTACT NUMBER: _____

BEST CONTACT EMAIL: _____

MEMBER - Y/N: _____ SPONSORSHIP LEVEL: _____

SOLD BY HAN MEMBER -Y/N: _____ NAME & # OF MEMBER: _____

of Ticket(s): _____

AMOUNT: \$ _____

CASH: _____ CHECK #: _____
Payable to Hot August Nights Foundation

VISA: _____ MASTERCARD: _____
Last 4 digits on card Last 4 digits on card

CREDIT CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

SIGNATURE: _____

DATE: _____

HAN OFFICE:

DATE CONFIRM LETTER SENT: _____

Date C.C. Charged: _____

HAN MEMBER INITIALS: _____

HAN MEMBER INITIALS: _____



GUEST LIST IF KNOWN AT TIME OF PURCHASE:

NO TICKETS WILL BE ISSUED, GUEST LIST MUST BE PROVIDED TO THE HAN OFFICE BY APRIL 20TH AT THE LATEST.

WHAT TYPE OF SEATING (SINGLE, TABLE, SPONSORSHIP): _____

PURCHASER'S NAME: _____

NAME (FIRST, LAST)	DOES THE GUEST REQUEST THE VEGETARIAN MEAL:	
	NO	YES
GUEST 1: _____	_____	_____
GUEST 2: _____	_____	_____
GUEST 3: _____	_____	_____
GUEST 4: _____	_____	_____
GUEST 5: _____	_____	_____
GUEST 6: _____	_____	_____
GUEST 7: _____	_____	_____
GUEST 8: _____	_____	_____

THIS FORM CAN BE TURNED IN WITH PURCHASE OF SEAT(S) OR CAN BE CALLED, EMAILED OR FAXED IN

HOT AUGUST NIGHTS FOUNDATION
1425 E. GREG ST.
SPARKS, NV 89434
P. (775) 356-1956
F. (775) 356-1957
E. INFO@HOTAUGUSTNIGHTS.NET

HAN OFFICE: _____

DATE CONFIRMED: _____

HAN MEMBER INITIALS: _____