



Benefitting The



APRIL 30th, 2022

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 the dinner program
- Acknowledgement at the dinner event

Table Sponsor: \$800

- One (1) Table of 8 – VIP 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
- ½ Page ad in the printed dinner program

Individual Seat: \$100

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

Sponsorship Deadline for Advertising: April 14, 2022



PAYMENT AUTHORIZATION SHEET – 2022 CLASSICS & COCKTAILS

NAME OF BUSINESS: _____

CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BEST CONTACT NUMBER: _____

BEST CONTACT EMAIL: _____

SPONSORSHIP LEVEL: TABLE (\$800): _____ CLASSIC CHAMPAGNE (\$1000): _____

VINTAGE SPECIAL (\$1200): _____ OTHER (OVER \$1200): _____ / AMOUNT: \$ _____

HAN MEMBER: YES: _____ NO: _____

OF TICKETS: _____

AMOUNT: _____

CASH: _____ CHECK#: _____ (Make Payable to Hot August Nights Foundation)

VISA: _____ MASTERCARD: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____ BILLING ZIP CODE: _____

SIGNATURE: _____ DATE: _____

ORDER TAKEN BY: _____

HAN OFFICE:

DATE CC CHARGED: _____ DATE CONFIRMATION LETTER SENT: _____

INITIALS: _____ INITIALS: _____



GUEST LIST IF KNOWN AT TIME OF PURCHASE:

NO TICKETS WILL BE ISSUED, GUEST LIST MUST BE PROVIDED TO THE HOT AUGUST NIGHTS OFFICE NO LATER THAN APRIL 22ND.

PURCHASER'S NAME: _____

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

DOES THE GUEST REQUIRE A VEGETARIAN MEAL:

GUEST 1: _____	NO: _____	YES _____
GUEST 2: _____	NO: _____	YES _____
GUEST 3: _____	NO: _____	YES _____
GUEST 4: _____	NO: _____	YES _____
GUEST 5: _____	NO: _____	YES _____
GUEST 6: _____	NO: _____	YES _____
GUEST 7: _____	NO: _____	YES _____
GUEST 8: _____	NO: _____	YES _____

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

HOT AUGUST NIGHTS FOUNDATION
1425 E. GREG ST.
SPARKS, NV 89431
P. (775) 356-1956X0
F. (775) 356-1957
E. INFO@HOTAUGUSTNIGHTS.NET

HAN OFFICE:

DATE CONFIRMED: _____

INITIALS: _____