



**Ticket and Sponsorship Form**  
Friday, April 29, 2016 • 6:00 pm

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Check all that apply:** *Please list the names of guests on the back of this form.*

I would like \_\_\_\_\_ tickets at \$150 per person **Total:** \_\_\_\_\_

I would like to Sponsor a table of (8) for \$1,200 **Total:** \_\_\_\_\_

I cannot attend but would like to make a tax-deductible donation in the amount of:

\$ \_\_\_\_\_ *VMA is a 501(c)(3) non-profit organization under the Internal Revenue Code.*

**I would like to SHINE as the following sponsor:**

- Tent Sponsor - \$3,500
- Teacher Table Sponsor - \$1,200
- Audio Visual Sponsor - \$1,000
- Invitation Sponsor - \$1,000
- Centerpiece Sponsor (*logo on every table*) - \$750
- Valet Parking Sponsor (*logo at valet podium, promotional piece placed in car*) - \$500

**Grand Total:** \_\_\_\_\_

**Payment Method:**  Check  Credit Card (*Circle One*) VISA MC AMX DISC

Name: \_\_\_\_\_  
*As it appears on credit card*

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

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV Number: \_\_\_\_\_

*Please make checks payable to: Visible Men Academy and send to: 921 63<sup>rd</sup> Ave. East Bradenton, FL 34203*

1. **Name:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_

5. **Name:** \_\_\_\_\_

6. **Name:** \_\_\_\_\_

7. **Name:** \_\_\_\_\_

8. **Name:** \_\_\_\_\_