

SCOTT HAMILTON & FRIENDS

HOSTED BY
Sheryl Crow

Olympic, World &
National Champion
Figure Skaters
Performing to a
Live Concert by an
All-star Musical Lineup

SUNDAY, NOV. 18, 2018
BRIDGESTONE ARENA • 5PM
NASHVILLE, TN

**AFTER SHOW
CELEBRATION**
THE OMNI HOTEL • 7PM

BENEFITTING



Cancer Alliance for
Research, Education,
& Survivorship

Our programs include:
Early detection
Proton therapy
Immunotherapy

1.844.SCOTT84
Scott**CARES.org**

COMMITMENT FORM

SPONSOR

I/We would like to partner with the **Scott Hamilton CARES Foundation** by becoming a sponsor of **Scott Hamilton & Friends** and **After Show Celebration**:

- ☐ **\$100,000 Hall of Fame:** 30 VIP Ice Show tickets & 3 After Show Celebration tables of 10
- ☐ **\$50,000 Torchbearer:** 30 VIP Ice Show tickets & 3 After Show Celebration tables of 10
- ☐ **\$25,000 Figure 8:** 20 VIP Ice Show tickets & 2 After Show Celebration tables of 10
- ☐ **\$10,000 Gold Medal:** 16 Ice Show tickets & 2 After Show Celebration table of 8
- ☐ **\$5,000 Silver Medal:** 10 Ice Show tickets & 1 After Show Celebration table of 10
- ☐ **\$3,500 Bronze Medal:** 8 Ice Show tickets & 1 After Show Celebration table of 8
- ☐ **\$2,500 Early Bird Bronze Medal:** *thru September 30, 2018*
8 Ice Show tickets & 1 After Show Celebration table of 8

PATRON SUPPORTER

I/We would like to partner with the **Scott Hamilton CARES Foundation** by joining **Scott Hamilton & Friends** and **After Show Celebration**:

- ☐ **\$2,000 Patron:** 1 After Show Celebration table for 8 people ____# of Tables
- ☐ **\$1,000 VIP On Ice:** 1 VIP On Ice Show ticket & 1 VIP After Show Celebration ticket
____# of Tickets
- ☐ **\$500 VIP:** 1 Ice Show ticket & 1 After Show Celebration ticket ____# of Tickets
- ☐ **\$250 Individual:** 1 After Show Celebration ticket ____# of Tickets

COMPANY INFORMATION:

COMPANY

ADDRESS

CITY, STATE, ZIP

DONOR/SPONSOR NAME AS YOU WISH IT TO APPEAR IN PROMOTIONAL MATERIALS

CONTACT PERSON

EMAIL ADDRESS

(_____) _____

METHOD OF PAYMENT:

- ☐ Please send an invoice. (I understand payment is required prior to the event.)
- ☐ A check is enclosed. (Made payable to **Scott Hamilton CARES Foundation**.)
- ☐ Please charge my: **AMERICAN EXPRESS** **VISA** **MASTERCARD** **DISCOVER**

CARD NUMBER

EXP. DATE

SECURITY CODE

NAME AS IT APPEARS ON CARD

SIGNATURE

Sponsor tickets and parking passes will be provided by November 12, 2018, to the contact person provided.

PLEASE RETURN THIS FORM BY OCTOBER 5, 2018

Scott Hamilton CARES Foundation, ATTN: Karri Morgan at karri.morgan@scottcares.org
In order to receive recognition in the event program, please return this form with applicable logo or advertisement no later than **October 5, 2018**. Logo and ad specs can be obtained upon request. Electronic documents may be e-mailed to **karri.morgan@scottcares.org**. For further information, please call **901-219-4994** or visit **www.scottcares.org**.

Taxable Deductions: The amount of the contribution that is deductible for federal income tax purposes is limited to the excess of any money (and the value of any property other than money) contributed by the donor over the fair market value of goods or services provided by the charity.