



BOYS & GIRLS CLUB OF SOUTHWEST COUNTY PRESENTS

# OUR KIDS ROCK MARDI GRAS

*Gala & Auction*

**SATURDAY,  
OCTOBER 25**

**5 PM Cocktails  
7 PM Dinner**

**PECHANGA SUMMIT  
BALLROOM**

**45000 Pechanga Pkwy  
Temecula, CA 92592**

**COSTUMES  
ENCOURAGED**

**Visit [bgcswc.org/okr](http://bgcswc.org/okr)  
For Attire Ideas**

Our Kids Rock "Mardi Gras" Gala & Auction Sponsorship Opportunities								
	Presenting Sponsor \$25,000	Champion Sponsor \$15,000	Leadership Sponsor \$10,000	Community Sponsor \$5,000	Unity Sponsor \$3,000	Corporate Table Sponsor \$2,000	Friend Sponsor \$850	Individual Ticket \$175
<b>Benefits Received</b>								
# of Tables/Seats	4 VIP Table 40 Guests	3 VIP Table 30 Guests	2 Preferred Table 20 Guests	1 Table 10 Guests	1 Table 10 Guests	1 Table 10 Guests	2 Guests	1 Guest
Complementary Wine/Champagne	Two Bottles	Two Bottles						
Appreciation Award	X	X	X	X				
<b>Marketing Exposure</b>								
<b>Day-of Event</b>								
Company Name in Event Program	X	X	X	X	X	X		
Ad In Event Program	Full Page Ad With Prominent Placement	Full Page Ad With Preferred Placement	1/2 Page Ad	1/4 Page Ad				
Company Name/Logo Signage on Table	X	X	X	X	X	X		
Logo Displayed on Screen Before & During Dinner	X	X	X	X	X			
On-Stage Verbal Recognition	X	X	X	X	X			
<b>Ongoing</b>								
Recognition on Event Press Release	X							
Recognition on Social Media & E-Newsletter	X	X	X	X	X			
Company Logo Displayed & Linked on Website	X	X	X	X				
Company Logo Included on Employee Email Signatures	At Champion For Youth Level	At Leader Level	At Change Maker Level	At Advocate Level				
Recognition in Post Event E-Blast	X	X	X	X	X	X	X	

To support this event, fill out the form below and email to Taylor Richardson at [Taylorr@bgcswc.org](mailto:Taylorr@bgcswc.org).

PAYMENT INFORMATION

Payment Enclose via Check - Please mail check to PO Box 892349, Temecula, CA 92589 - ATTN: Our Kids Rock  
Invoice Requested - Invoice will be sent to contact listed above.  
Charge total sponsorship amount to the following card:

CONTACT INFORMATION

Company Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
  
Sponsorship Level: \_\_\_\_\_  
Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Printed Name on Card: \_\_\_\_\_ CCV Number: \_\_\_\_\_  
Billing Address for Card (if different than above): \_\_\_\_\_  
Signature: \_\_\_\_\_