

Four 4-Man Volleyball Team Four 2 Player Corn Hole Team

Ten Tournament T-shirts

13th Annual Joe's Bucket Bash to benefit Hope Abounds Cancer Network

Saturday, August 24, 2024

Capt'n Bills Backyard Grill 4240 Market Street, Wilmington, NC 28403

SHIRT SIZES

(S, M, L, XL, XXL)

\$2,500 BUCKET BASH PRESENTING SPONSOR (only one available)

2024 SPONSORSHIP OPPORTUNITIES

Please choose a sponsorship level that is right for you or your company. Complete below Sponsorship information and email Penny Millis —Penny@hopeabounds.org



Sponsorship commitments are due by June 30, 2024 Sponsorship monies are due on or before July 30, 2024

Four Tickets to Friday Night Kickoff Celebration	(S, M, L, AL, AAL)	
Presenting Sponsor Banner at the event		
Sponsor logo on Event Banner with top premier placement Logo recognition on Hope Abounds Cancer Network website		
\$1,500 THE BIG BUCKET SPONSOR Two 4-Man Volleyball Team Two 2 Player Corn Hole Team Eight Tournament T-shirts Two Tickets to Friday Night Kickoff Celebration Sponsor logo on Event Banner with prime placement Logo recognition on Hope Abounds Cancer Network website	SHIRT SIZES (S, M, L, XL, XXL)	
\$750 THE SMALL BUCKET SPONSOR One 4-Man Volleyball Team One 2 Player Corn Hole Team Six Tournament T-shirts Sponsor name on Event Banner Logo recognition on Hope Abounds Cancer Network website	SHIRT SIZES (S, M, L, XL, XXL)	
\$500 THE SAND PAIL SPONSOR One 4-Man Volleyball Team Four Tournament T-shirts	SHIRT SIZES (S, M, L, XIL, XXL)	3
Sponsor name on Event Banner Logo recognition on Hope Abounds Cancer Network website		
\$250 THE SAND BOX SPONSOR		DON'T FORGET YOUR
One 2-Player Cornhole Team Two Tournament T-shirts Sponsor name on Event Banner Logo recognition on Hope Abounds Cancer Network website	SHIRT SIZES (S, M, L, XL, XXL)	T-SHIRT SIZES!
Please complete below Team Information. Inform	nation must be submitted on or before August	: 15, 2024
$\underline{\text{Volleyball Team Division: Please select one:}} \ \Box \ \mathbf{A}$	□В □С	
Volleyball Team Name:		
Volleyball Team Captain Name:		
Cornhole Team Division: Please select one:	□В □С	
Cornhole Team Name:		
Cornhole Partner Names:		
Individual Name or Company Name		
Company Name, please list contact person		
Email Address		Contact #
Mailing Address		
Signature	Date	Hope Abounds Cancer Network
 ☐ My check, made payable to Hope Abounds, Inc. is attached ☐ Please send an invoice. I understand that my payment must 		1642 S. 41st Street, Wilmington, NC 28403 910-799-7178 HopeAbounds.org Tax ID #27-1858542