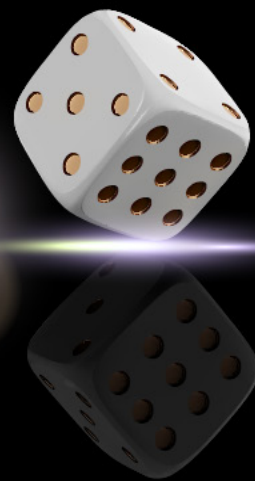




BLACK AND WHITE CASINO NIGHT PARTY



AUGUST 23, 2019 • 6:30 - 10:30 P.M.

THE BALLROOM AT CHURCH STREET
225 S. GARLAND AVE., ORLANDO, FL 32801

Join us for this fun event! The annual Casino Night will begin with light hors d'oeuvres, followed by dinner, music, and a variety of gaming, including blackjack, roulette, craps, and poker. Proceeds will support the efforts of the Workforce Enhancement Fund which supports construction education programs and promotes careers in construction in the Central Florida area.

SPONSORSHIP OPPORTUNITIES

- Cocktail Sponsor** **\$1,500**
Company logo prominently displayed at bars and on event signage. Limited to (3).
- Hors d'oeuvres Sponsor** **\$1,000**
Company logo displayed at hors d'oeuvres station and event signage. Limited to (2).
- High Roller/Entertainment Sponsor** **\$750**
Company logo displayed on signage on either side of DJ stage and event signage. Limited to (2).
- Centerpiece Sponsor** **\$500**
Company logo on mini place cards at each seating table and event signage. Limited to (2).
- Lady Luck Sponsor** **\$250**
Company logo or name on place card on (1) gaming table. Company name listed on event signage.
- Raffle Prize Sponsor**
Donation of item with minimum value of \$75 (gift cards, tickets, etc.). Deliver to ABC by 8/15/19.

SCHEDULE

- 6:30 p.m.** Reception with hors d'oeuvres
- 7:00 p.m.** Dinner / Gaming tables open
- 9:30 p.m.** Gaming tables close, turn in chips for raffle tickets
- 9:50 p.m.** Raffle prize drawing
- 10:30 p.m.** Event concludes

- Open Bar & Cocktails
- Over \$5,000 in prizes
- Dress: casual, business casual, cocktail attire, best black and/or white!

# ___ people at \$150 per person	\$ _____
Sponsorship	\$ _____
TOTAL	\$ _____

Register Online at abccentralflorida.com/calendar or send form to rsvp@abccentralflorida.org.

Date _____ Company _____ Contact _____ Phone _____
 Email _____ Attendees _____

PAYMENT OPTIONS (Prepayment required for non-CFC ABC members)
 Check enclosed Bill Us (CFC ABC members only) P.O.# _____ VISA MC AMEX Discover
 Name on Card _____ Email _____
 Card # _____ Exp. Date _____ CVC Code _____
 Credit Card Billing Address _____ Zip Code _____

Cancellation Policy: Cancellations received by 5:00 p.m. EST on 8/15/19 will be accepted and a cancellation number will be given for confirmation. After this date and time, no refunds will be issued.

