



**OC Sansei Bowling Tournament Sponsor Form
9th Annual Bowling Tournament - March 20th & 21nd 2004**

AD SPACE:

I. Cash Donation

Business Card Space \$25.00
 1/4 Pg. Space or less \$50.00
 1/2 Pg. Space or less \$75.00
 Full Pg. Space or less \$ 150.00

II. Product Donation

Business Card Space Minimum - \$75.00 Retail value
 1/4 Pg. Space or less Minimum - \$150.00 Retail value
 1/2 Pg. Space or less Minimum - \$200.00 Retail value
 Full Pg. Space or less Minimum - \$250.00 Retail value

Notes:

1. The Bowling tournament will take place at: Fountain Bowl - 17110 S. Brookhurst St. Fountain Valley, CA 92708.
2. All participants and sponsors will receive a tournament program. The program contains all advertisements.
3. All sponsors should provide a business card or name of business, address, city, zip and phone number.
4. For ads larger than business card size, you may provide your own advertisement or artwork.
5. Sponsors will be sent a thank you sponsor packet with a receipt at the completion of the tournament
6. A sponsor may request a smaller size ad if they prefer.
7. This is good promotion for sponsors as the program is distributed to the over 600 plus sponsors and bowlers.
8. Cash and Products donated by the sponsors will be used for raising additional charitable funds.
9. If you have any questions regarding sponsorship, please contact Tom Hikida @ (714)533 – 3313 or Glenn Wada @ (714) 952-4435, or contact any other committee member you know for questions.
10. Please let us know when we can pick up donated items, or they can be delivered to any committee member.
11. A portion of our proceeds from the tournament will benefit the Keiro Nursing Homes. Our donations have been as high as \$ 1,000 in recent years.
12. Committee Members - Glenn Wada, Dale Kakimoto, Kyle Fujimoto, Tom Hikida, Lori Shimabukuro. Alex Ho, George & Marge Miyoda, Mako Mizuki, Everetl & Jayne Nishikawa, George and KrisAnn Arendall, George Irei, Don Toy, Robert Toy, Carrie Yoshida, and Emil Francisco.

Description of Donation: _____ Cash Donation: \$ _____

Deadline to receive donations for acknowledgement in the program is March 1st. 2004
 Make Checks Payable to: OCSansei

THANK YOU FROM: O.C. SANSEI COMMITTEE

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2004 O.C. Sansei Sponsor Form

Company Name: _____

Contact Name: . _____

Address: _____

City, State, Zip: _____

Phone Numbers: _____ Email Address: _____

Description of Donation: _____ Retail Value: \$ _____

Cash Donation: \$ _____