



**Northern California School Nutrition Association
26th Annual Fund Raiser
Thursday, October 13, 2016
5:00 PM – 9:00 PM**

**CAMPO di BOCCE
175 EAST VINEYARD AVENUE
Livermore, CA 94550**

Industry Sponsorship Form

Dear Sponsoring Partner,

Historically, School Nutrition Association Chapters in California host events to raise money in support of their continued legislative efforts. Each year our chapter sends delegates to Washington DC and Sacramento where they meet with legislators and have an opportunity to have their voices heard regarding issues faced by child nutrition professionals in school food service careers. These delegates represent all of us and we believe it is not only a privilege, but a responsibility to continue to have a voice in the political arenas that provide funding to our programs. It is through these fundraising events that we are able to fulfill this important role.

We have Four Levels of Fund Raising Opportunities from which to choose, please check the level of Sponsorship you wish:

<input type="checkbox"/> _____	Platino/Platinum Level Sponsorship (Bocce ball and food for 6 persons)	\$1,000.00
<input type="checkbox"/> _____	Oro/Gold Level Sponsorship (Bocce ball and food for 4 persons)	\$ 800.00
<input type="checkbox"/> _____	Argento/Silver Level Sponsorship (Bocce ball and food for 2 persons)	\$ 500.00
<input type="checkbox"/> _____	Bronzo/Bronze Level Sponsorship (Bocce ball and food for 1 person)	\$ 300.00

Please complete the needed information on the back of this flyer



Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Email Address: _____

We will fill your team for you unless you prefer to form your own team*

Name of Bocce Ball Player
1.
2.
3.
4.
5.
6.

* We will make every effort to keep your preferred group together, but changes may occur depending on number of attendees.

Fax or email or snail mail completed forms and payment by October 7 , 2016 to:

Deanna Robles Davis, NCSNA Treasurer
1936 Carlotta Drive, Concord, CA 94519
roblesdavisd@mdusd.org
Fax: 925-609-7568
Phone: 925-682-8000 ext 4124

_____ My Check and Registration form is Enclosed (Make Check Payable to NCSNA)

_____ Please charge my Credit Card # _____

AX # _____ M Card _____ Visa _____ Security Code: _____ Exp. Date: _____

Print name exactly as shown as Credit Card: _____

Signature: _____

**At the event, acknowledgement of vendors will be recognized in a running
slideshow. Please send your Company logo to Pete Belknap:**

pete.belknap@e-hps.com

An uncompressed JPG image (300 DPI) will be needed by October 7th.