

THE GREAT CASA CASINO

JULY 19, 2024

5:30 P.M.- 10:30 P.M.

SMITHVILLE REC CENTER



SPONSORSHIP OPPORTUNITIES



\$5,000-THE GATSBY SPONSOR

- SIGNATURE BANNER DISPLAYED AT EVENT
- COMPANY NAME & LOGO ON ALL PRINTED MATERIALS
- EVENT SPONSOR ON WEBSITE, SOCIAL MEDIA & MARKETING
- 2 RESERVED TABLES WITH COMPANY LOGO
- 10 ADMISSION TICKETS

\$2,500-THE RITZ SPONSOR

- BANNER DISPLAYED AT EVENT
- COMPANY NAME & LOGO ON ALL PRINTED MATERIALS
- EVENT SPONSORSHIP ON WEBSITE, SOCIAL MEDIA & MARKETING
- 1 RESERVED TABLE WITH COMPANY LOGO
- 6 ADMISSION TICKETS

\$1,000-THE SPEAKEASY SPONSOR

- COMPANY NAME & LOGO ON MOST PRINTED MATERIALS
- EVENT SPONSORSHIP ON WEBSITE & SOCIAL MEDIA
- SIGNAGE AT EVENT
- 4 ADMISSION TICKETS

\$500-THE DAPPER SPONSOR

- YOUR NAME & LOGO ON MOST PRINTED MATERIALS
- EVENT SPONSORSHIP ON WEBSITE & SOCIAL MEDIA
- SIGNAGE AT EVENT
- 2 ADMISSION TICKETS

\$250-THE FLAPPER SPONSOR

- NAME & LOGO ON MOST PRINTED MATERIALS
- EVENT SPONSORSHIP ON WEBSITE & SOCIAL MEDIA
- SIGNAGE AT EVENT
- 1 ADMISSION TICKET

WILD CARD SPONSOR

ITEM VALUED AT A MINIMUM OF \$50 TO BE USED AT THE WILD CARD GAME

CASINO GAME SPONSORSHIPS AVAILABLE

\$150

INQUIRE TO SEE WHAT GAME TABLES AND SLOTS ARE AVAILABLE TO SPONSOR

**BENEFITING CASA OF BASTROP, FAYETTE & LEE COUNTIES
IN PARTNERSHIP WITH THE SMITHVILLE CHAMBER OF COMMERCE**

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SPONSORSHIP OPPORTUNITIES



Please Print:

Organization Name: _____

Contact Person: _____

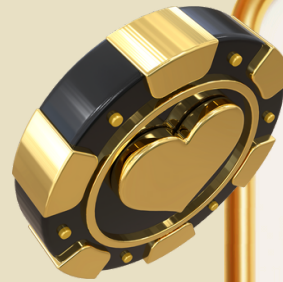
Address: _____

Phone: _____ Email: _____

Note: Email high resolution company logo in jpeg format to valerie.lancaster@casabfl.org

Please select your Level of Support:

- _____ \$5,000-THE GATSBY SPONSOR
- _____ \$2,500-THE RITZ SPONSOR
- _____ \$1,000-THE SPEAKEASY SPONSOR
- _____ \$500-THE DAPPER SPONSOR
- _____ \$250-THE FLAPPER SPONSOR
- _____ \$150 CASINO GAME/SLOTS SPONSOR
- _____ WILD CARD SPONSOR (ITEM VALUED AT A MINIMUM OF \$50)



Return this form &
Payment to:
CASA of BFL
P.O. Box 623
Bastrop, Texas 78602



Any questions, call the
CASA Office
512-303-2272 or
kristi.bauer@casabfl.org

Payment Options:

_____ Check Enclosed

_____ Pay online at www.casabfl.org

_____ Credit Card:

Name as it appears on card: _____

Card Number: _____ Card Exp: _____

CVC Code: _____ Zip code associate with Card: _____

Signature: _____

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IN PARTNERSHIP WITH THE SMITHVILLE CHAMBER OF COMMERCE**