

Hoops for Hope – Mike O'Brien Invitational: Saturday December 22, 2007

SPONSORSHIP FORM

- Presenting Sponsor \$1,500**
Media announcement prior to event, company banner displayed at Laker Hall, 12 game tickets, 12 tickets to the Social at the Foundry, FULL page ad in the program, primary recognition in press releases, photo of sponsors prior to event
- Apparel Sponsor \$750**
8 game tickets, 8 tickets to the social at the Foundry, FULL page ad in the program, name featured on ALL game T-shirts

- Scholarship Sponsor \$500**
6 game tickets, 6 tickets to the social at the Foundry, 1/2 page ad in the program, Media announcement prior to event w/ photo opportunity with scholarship winners
- The "MVP" \$500**
8 game tickets, 8 tickets to the social at the Foundry, a FULL page ad in the program.

- The "Coach" \$250**
4 game tickets, 4 tickets to the social at the Foundry & a 1/2 page ad in the program
- The "Player" \$100**
2 game tickets, 2 tickets to the social at the Foundry & a 1/4 page ad in the program
- The "Fan" \$50**
2 game tickets, 2 tickets to the social at the Foundry & your name in the program

Sponsor Name: _____

Contact Person: _____

Address: _____

E-mail: _____

Phone Number: _____

Sponsorship Level: _____

AD SIZES:

1/4 Page = 2 1/4" w x 3 3/4" h

1/2 Page = 4 3/4" w x 3 3/4" h

Full Page = 4 3/4" x 7 3/4" h

- I will provide artwork for program.
Please email artwork in jpg or pdf format to:
hoopsforhope40@yahoo.com
- I will need artwork to be created

TICKETS:

Games Only:

\$5 (adults), \$3 (students), 12 & U (Free)

_____ x \$5 (adult tickets)

_____ x \$3 (student tickets)

Games & Social at the Foundry*

_____ x \$25 (Game and Social)

= _____ TOTAL

Thank you for supporting Hoops for Hope

For more information please contact:

Will O'Brien
152 County Rt. 89
Oswego, NY 13126
315-343-7263

Tim Annal
354 W. 5th St.
Oswego, NY 13126
315-342-5549

Sean Broderick
1248 Fay St.
Fulton, NY 13069
315-593-5218

Email: hoopsforhope40@yahoo.com
www.hdfoundation.org

Make Checks payable to: HDF (Reference: Hoops for Hope)

Complete form. Please mail form with payment to:
152 Co. Rt. 89, Oswego, NY 13126.

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ALUMNI BASKETBALL GAME REGISTRATION FORM

Player Name: _____ Shirt Size: _____

School played for: _____ Year Graduated: _____

Address: _____

Phone Number: _____ E-mail: _____

ATHLETIC WARNING: YOU ARE PLAYING BASKETBALL AT YOUR OWN RISK

I, [Name] _____, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative that I, [Name] _____, am exposing myself to the risk of injury which is inherent in all athletic activities. The risk of injury includes the risk of total disability, paralysis, or death. I acknowledge that injuries are still possible with the strict observance of rules. Having been cautioned and warned, I still desire to participate in the **Hoops for Hope** Alumni Basketball Game. I acknowledge that my participation in the **Hoops for Hope** Alumni Basketball Game is with full knowledge and understanding of the risk of injury of such participation, and I knowingly and voluntarily assume the risk of physical harm.

Signature _____ Date _____

Make Checks payable to: HDF (Reference: Hoops for Hope) Complete form. Please mail form with payment to: 152 Co. Rt. 89, Oswego, NY 13126. Deadline is Dec. 17, 2007.

ALUMNI GAME REGISTRATION:

\$50 Game participant, Game Shirt, 2 tickets to the Foundry* _____ x \$50 (Game, shirt & 2 tickets to Foundry) = _____ TOTAL

*Includes hors d'oeuvres, & 1 drink ticket per person at the Foundry.

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LEPRECHAUN BASKETBALL REGISTRATION FORM

Player Name: _____ Shirt Size: _____

Leprechaun Team: _____ Age: _____

Address: _____

Phone Number: _____ E-mail: _____

ATHLETIC WARNING: YOU ARE PLAYING BASKETBALL AT YOUR OWN RISK

I (Name) _____, as parent/ Guardian of (Child's name) _____, hereby acknowledge that we have been properly advised, cautioned and warned by the proper administration that I (name) _____, am exposing my child (name) _____, to the risk of injury which is inherent in all athletic activities. The risk of injury includes the risk of total disability, paralysis, or death. I acknowledge are still possible with the strict observance of rules. Having been cautioned and warned, I still desire to authorize my child to participate in the **Hoops for Hope** basketball clinic and game. I acknowledge that my child's participation in the event is with full knowledge and understanding of the risk of injury of such participation, and I knowingly and voluntarily assume the risk of physical harm.

Signature _____ Date _____

On Saturday December 22, 2007, Oswego State will host the 3rd annual Hoops for Hope: Mike O'Brien Invitational. Once again Oswego youth players are invited to join the festivities. Participant fee of \$25.00 (\$15.00 for each additional sibling) will include:

- Basketball Clinic instructed by Oswego State Men's Basketball Coach Kevin Broderick: Noon - 1:00 pm
- Basketball Game with all youth participants. 1:00 pm - 2:00 pm
- Event T-shirt
- Family admission to Varsity Basketball games. 3:00 pm and 5:00 pm
- Family admission to the "Hoops for Hope" alumni basketball game. 7:00 pm - 8:30 pm

Thank you for supporting Hoops for Hope.

**Limited to the first 60 participants.
Deadline is December 17, 2007**

Mail form with payment to: Tim Annal,
354 West 5th Street, Oswego, NY 13126

**Make Checks payable to: HDF
(Reference: Hoops for Hope)**

For more information please call 342-5549, or
e-mail: hoopsforhope40@yahoo.com