



# COVECARE CENTER

## 9th Annual Adult Spelling Bee

THURSDAY  
April 19, 2018

Starr Ridge  
Banquet Center

5:30pm

REGISTRATION FORM

Make additional copies as needed.

*Must be received with payment by April 13<sup>th</sup>*

**SPONSORSHIP** *(Opportunities described on back of page)*

PLEASE IDENTIFY LEVEL

**SPONSORSHIP LEVEL:**

\$

BUSINESS NAME: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

Please fill out  
Team info,  
if applicable.

**TEAM ENTRY**

*We encourage Teams to dress in team colors or outfits*

**\$35 PER TEAM MEMBER**

**TEAM NAME:**

TEAM MEMBER 1: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 3: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 4: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 5: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 6: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 7: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 8: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 9: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

TEAM MEMBER 10: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Address: \_\_\_\_\_

Spelling Bee  
rules, procedures,  
updates & helpful  
suggestions will  
be provided upon  
registration.

Info will be sent  
out through  
**E-mail ONLY.**

Please print  
clearly.

Please make checks payable to CoveCare Center

OR

**TOTAL ENCLOSED \$**

Please charge my Credit Card:  MC  VISA  AMEX Number \_\_\_\_\_

Name on Card: \_\_\_\_\_ exp. \_\_\_\_\_

**Send payment and form to: CoveCare Center • 1808 Route Six • Carmel, NY • 10512 • Attn: Debbie Levin**

# Sponsorship Opportunities

<i>Sponsorship Level</i>	<b>King—Queen Bee Sponsorship</b>	<b>Bumble Bee Sponsorship</b>	<b>Bee Hive Sponsorship</b>
	<b>\$750</b>	<b>\$500</b>	<b>\$250</b>
<b>BENEFITS @ THE BEE</b>			
<b>Your Materials</b>	<b>***Exclusive*** Table to distribute materials</b>		
<b>Admission Benefits</b>	<b>2 Tables:</b> <ul style="list-style-type: none"> <li>Entry for 2 Teams of 10</li> </ul>	<b>1 Table:</b> <ul style="list-style-type: none"> <li>Entry for 1 Team of 10</li> </ul>	<b>Name announced as Sponsoring 2 rounds of words*</b>
<b>Signage at Event</b>	<b>Large Logo/Name Signage</b>	<b>Regular Logo/Name Signage</b>	<b>Name listing on Signage</b>
<b>Spelling Bee Program</b>	<b>Large Logo/Name on Program Back Cover</b>	<b>Regular Logo/Name on Program Inside Cover</b>	<b>Name Listing on Program Inside Cover</b>
<b>EXTERNAL PUBLICITY</b>			
<b>CoveCare Website</b>	<b>Large Company Logo/Name on Website</b>	<b>Regular Company Logo/Name on Website</b>	<b>Please consider a sponsorship – we need your support!</b>
<b>CoveCare Facebook</b>	<b>Announcement Link</b>	<b>Announcement Link</b>	
<b>Press</b>	Press mentions and Photo Opportunities whenever possible	Press mentions whenever possible	
<b>Promotional Emails</b>	<b>Large Logo/Name on promotional emails (Prime Placement)</b>	<b>Regular Logo/Name on promotional emails</b>	
<b>Word Round Sponsorships* also available at \$25 per round of words</b>			

\*Example: This next round of words is Sponsored by \_\_\_\_\_ (your company or organization).

**All proceeds benefit the mental health and chemical dependency programs of CoveCare Center**