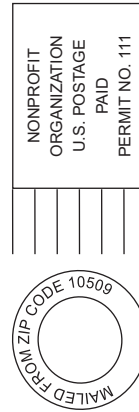


Sponsorship Opportunities

Sponsorship Level	King–Queen Bee Sponsorship \$750	Bumble Bee Sponsorship \$500	Bee Hive Sponsorship \$250
BENEFITS @ THE BEE			
Your Materials	***Exclusive*** Table to distribute materials		
Admission Benefits	2 Tables: • Entry for 2 Teams of 10	1 Table: • Entry for 1 Team of 10	Name announced as Sponsoring 2 rounds of words*
Signage at Event	Large Logo/Name Signage	Regular Logo/Name Signage	Name listing on Signage
Spelling Bee Program	Large Logo/Name on Program Back Cover	Regular Logo/Name on Program Inside Cover	Name Listing on Program Inside Cover
EXTERNAL PUBLICITY			
CoveCare Website	Large Company Logo/Name on Website	Regular Company Logo/Name on Website	Please consider a sponsorship – we need your support!
CoveCare Facebook	Announcement Link	Announcement Link	
Press	Press mentions and Photo Opportunities whenever possible	Press mentions whenever possible	
Promotional Emails	Large Logo/Name on promotional emails (Prime Placement)	Regular Logo/Name on promotional emails	
Word Round Sponsorships* also available at \$25 per round of words			

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



Change Service Requested

COVECARE CENTER

PRESENTS OUR



9th Annual Adult Spelling Bee Team Championship

THURSDAY
April 19, 2018
5:30pm



Do you have what it takes to be Putnam's next Champion Spellers?



Mission Statement

Serving 1 in 13 Putnam Residents through
Mental Health Counseling & Treatment

Alcohol & Substance Use
Prevention & Treatment

Community Based Services

Rehabilitation Services

To partner with individuals, families and the community to foster hope, wellness and recovery, and to restore quality of life by addressing mental health needs, substance use, and social and emotional issues.

All proceeds from the Spelling Bee benefit the programs of CoveCare Center and are tax deductible as allowed by law.



1808 Route Six
Carmel, NY 10512
www.CoveCareCenter.org



WHAT

Putnam's Adult Spelling Bee Team Championship

benefitting the programs of CoveCare Center (formerly Putnam Family & Community Services, Inc.)

WHEN **Thursday, April 19, 2018**
Dinner at 5:30pm....Bee at 6:00pm

WHERE **Starr Ridge Banquet Center**
38 Starr Ridge Road, Brewster, NY

HOW IT WORKS

Teams of Up to 10 Members

Any member of a team can be a SPELLER, a CHEERLEADER or... you can just come observe the fun!

There is no minimum team size, but at least 4 is recommended.*

Teams have 30 seconds to collaborate and correctly spell each word on a Team Whiteboard. Play continues until there is one Team left.

*If you would like to come join the fun, but don't have a team...let us know. We'll hook you up with one!

WINNERS



TROPHIES AWARDED TO
1st and 2nd Place Winners
and to the
Most Enthusiastic Team

FOR MORE INFORMATION

Please contact Debbie Levin
at DLevin@CoveCareCenter.org

COST



\$35 per Team Member
Up to 10 per team
Members can:
Spell, Cheer or Just Watch

\$30 per Mulligan
Optional extra chance
...only at the Bee (limit 5)

FOOD

Entry fee includes a full buffet, starting at 5:30: Salad, Rolls, Green Beans, Penne a la Vodka, and Chicken Francese. Soft drinks, coffee, tea, and assorted cookies and brownies are also included. A cash bar will be available.

SIGN UP TODAY

Reserve your space by sending in the form (at right) with your payment, or register online at

www.CoveCareCenter.org/2018-Spelling-Bee

PAYMENT MUST ACCOMPANY REGISTRATION AND BE RECEIVED BY APRIL 13TH*

*Please Note: Registration may end earlier due to space limitations.

REGISTRATION FORM

Make additional copies as needed.

Must be received with payment by April 13th*

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