

6th Annual

SCOTT HAMILTON & FRIENDS

Olympic, World &
National Champion
Figure Skaters
Performing to a
Live Concert by an
All-star Musical Lineup

SUNDAY, NOV. 20, 2022

BRIDGESTONE ARENA • 5PM
NASHVILLE, TN

**AFTER SHOW
CELEBRATION**
THE OMNI HOTEL • 7PM

BENEFITTING



Cancer Alliance for
Research, Education,
& Survivorship

PO Box 680483
Franklin, TN 37068

1.844.SCOTT84
ScottCARES.org

COMMITMENT FORM

SPONSOR

I/We would like to partner with the **Scott Hamilton CARES Foundation** by becoming a sponsor of **Scott Hamilton & Friends** and **After Show Celebration**:

- ☐ **\$100,000 Hall of Fame:** 30 VIP Ice Show tickets & 3 After Show Celebration tables of 10
- ☐ **\$50,000 Torchbearer:** 30 VIP Ice Show tickets & 3 After Show Celebration tables of 10
- ☐ **\$25,000 Figure 8:** 20 VIP Ice Show tickets & 2 After Show Celebration tables of 10
- ☐ **\$10,000 Gold Medal:** 16 Ice Show tickets & 2 After Show Celebration table of 8
- ☐ **\$5,000 Silver Medal:** 10 Ice Show tickets & 1 After Show Celebration table of 10
- ☐ **\$3,500 Bronze Medal:** 8 Ice Show tickets & 1 After Show Celebration table of 8
- ☐ **\$2,500 Early Bird Bronze Medal:** *thru October 10, 2022*
8 Ice Show tickets & 1 After Show Celebration table of 8

PATRON SUPPORTER

I/We would like to partner with the **Scott Hamilton CARES Foundation** by joining **Scott Hamilton & Friends** and **After Show Celebration**:

- ☐ **\$2,000:** 1 After Show Celebration Patron table for 8 people ____ # of Tables
- ☐ **\$1,000:** 1 VIP On Ice Show ticket & 1 VIP After Show Celebration ticket ____ # of Tickets
- ☐ **\$500:** 1 Ice Show ticket & 1 After Show Celebration ticket ____ # of Tickets
- ☐ **\$250 Individual:** 1 After Show Celebration ticket ____ # of Tickets

COMPANY/DONOR INFORMATION:

COMPANY/DONOR NAME TO BE LISTED IN PROMOTIONAL MATERIALS

ADDRESS

CITY, STATE, ZIP

CONTACT PERSON

EMAIL ADDRESS

(_____)_____
PHONE NUMBER

METHOD OF PAYMENT:

- ☐ Please send an invoice. (I understand payment is required prior to the event.)
- ☐ A check is enclosed. (Made payable to **Scott Hamilton CARES Foundation**.)
- ☐ Please charge my: **AMERICAN EXPRESS VISA MASTERCARD DISCOVER**
- ☐ Please include the transaction fee—Credit Card: 2.6% | American Express: 2.9%

CARD NUMBER

EXP. DATE

SECURITY CODE

NAME AS IT APPEARS ON CARD

SIGNATURE

Sponsor tickets and parking passes will be provided by November 11, 2022, to the contact person provided.

PLEASE RETURN THIS FORM BY OCTOBER 14, 2022

Scott Hamilton CARES Foundation, ATTN: Karri Morgan at karri.morgan@scottcares.org

In order to receive recognition in the event program, please return this form with applicable logo or advertisement no later than **October 14, 2022**. Logo and ad specs can be obtained upon request. Electronic documents may be e-mailed to **karri.morgan@scottcares.org**. For further information, please call **901-219-4994** or visit **www.scottcares.org**.

Taxable Deductions: The amount of the contribution that is deductible for federal income tax purposes is limited to the excess of any money (and the value of any property other than money) contributed by the donor over the fair market value of goods or services provided by the charity.