

SPONSORSHIP OPPORTUNITIES

COCA's 2023 Sporting Clays/Skeet Event

Thursday, October 19th



www.COCAinc.com

Event Schedule

9:30 a.m.: Registration

10:00 a.m. - 12:00 p.m.: Sporting Clays- 2, 12 Station Courses (Red / Orange) (2 Groups)

12:00p.m.- 1:00 p.m.: Lunch | Annie Oakley

1:00 p.m. – 3:00 p.m.: Sporting Clays 2, 12 Station Courses (Red / Orange) (Group Rotation)

3:00 p.m.- 4:00 p.m.: Awards | Appetizers | Drinks | Camaraderie)

NILO Farms | 15025 IL-11 | Brighton, IL 62012

- **Hospitality Tent: \$600.00 each** (2 max 1 on each course)
*Provide Drinks(non-alcoholic), Cigars, Stories, Giveaways...
Quantity____ X \$600.00 = \$_____
- **Lunch Sponsorship: \$500.00 each** (2 max)
*Please provide signage or banner AND hanging apparatus
Quantity____ X \$500.00 = \$_____
- **Station Sponsorship: \$225.00 each** (1 sponsor per station- 24 max)
*Signage provided by COCA
*Options: Representative | Provide Colorful Bird Prizes
 - **Sporting Clays** Quantity____ X \$225.00 = \$_____
 - **(arrange with COCA for Colorful Bird Prizes)**
- **Happy Hour Sponsor : \$400.00 each** (1)
*Opportunity to provide a special beverage (after the shoot)
Quantity____ X \$500.00 = \$_____
- **Awards Sponsorship: \$250.00 each** (1)
*Practice your Mic Skills: Announce OR SING Winners/Fun Awards
Quantity____ X \$250.00 = \$_____

TOTAL = \$_____

Sponsorships include the following:

- Sponsor(s) will be recognized on any literature, program announcement/mailings, and our website, as applicable, provided COCA has a firm commitment at the time the event is announced.
- Sponsor(s) are allowed to have a banner displayed at the event location, as appropriate. Please include hanging apparatus to hang or self-supported.

PAYMENT INFORMATION

Date of Request (first come first serve) _____

COMPANY INFORMATION

Company Name: _____

Address: _____

Contact Person: _____

Job Title: _____

Phone Number: _____

Email: _____

PAYMENT INFORMATION

GRAND TOTAL (from left column + PAGE 1): \$_____

☐ Check enclosed: Make check Payable to **COCA, Inc.,**
Mail to: **100 Lanter Court Suite 8, Collinsville IL 62234-0221**

☐ Send Invoice (to above address) ☐ Bill to Credit card
☐ Mastercard ☐ Visa ☐ American Express ☐ Discover
Card Number: _____

Expiration Date: ____/____/____
Zip Code where STATEMENT is sent: _____
V Code: _____ (last 3 digits on back of card near signature line)
Billing address: ☐ Same as Company address above
☐ Different Bill to Address: _____