

CHARLOTTE CHECKERS FUNDRAISING PACKAGE

FOR MORE INFORMATION CONTACT A GROUP SALES SPECIALIST AT:
704.342.4423 OR EMAIL GROUPTICKETS@GOCHECKERS.COM



CHARLOTTE CHECKERS FUNDRAISING PACKAGE

WAYS TO GENERATE REVENUE

TICKET SALES

- SELL OUR \$20 ATTACK ZONE TICKET FOR \$15
- KEEP \$6 OF EACH TICKET SOLD

CORPORATE INVOLVEMENT

\$200 PACKAGE

- 15 CORNER SEATS
- \$50 DONATION
- CONCOURSE TABLE
- GROUP PA

\$300 PACKAGE

- 20 CORNER SEATS
- \$100 DONATION
- CONCOURSE TABLE
- GROUP PA

\$500 PACKAGE

- 25 GOLD OR 40 CORNER SEATS
- \$100 DONATION
- CONCOURSE TABLE
- GROUP PA

CHUCK-A-PUCK SALES

**SELL 300 TICKETS, & YOU WILL RECEIVE
HALF OF THE CHUCK-A-PUCK PROCEEDS FROM
YOUR GAME NIGHT! (SUBJECT TO AVAILABILITY)**



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HOW TO MAKE YOUR FUNDRAISER SUCCESSFUL

- UTILIZE YOUR WEBSITE FOR PROMOTION
- SEND ORDER FORMS TO YOUR CONTACT DATABASE
- USE SOCIAL MEDIA (FACEBOOK, TWITTER, ETC.)
- SELL TICKETS AT FUNCTIONS
- GIVE PARTICIPANTS A QUOTA AND USE INCENTIVES
- REACH OUT TO LOCAL CORPORATE PARTNERS

2011-2012 Fundraising Contract

I, the undersigned, will sell at least 100 tickets for the game between the Charlotte Checkers and the _____ (opponent) on _____ (/ /) and understand that final payment for all tickets is due by the end of the day on _____ (48 hours before game day). Any unsold tickets not returned to the Charlotte Checkers office by the aforementioned date and time are the sole responsibility of the undersigned. Every individual from my organization must have a ticket to participate in the event, regardless of if they are working the concourse on that game day. I must sell at least 70 tickets to receive a \$3 portion of the proceeds from the ticket sales.

I, the undersigned, concede that Organization Name:

Responsible Individual: _____ on Game Date: ____/____/____

- \$20 Attack Zone Section ticket discounted to \$15 at \$6 profit per ticket

Quantity of Tickets requested (at least 100): _____

For Deposit (not applied until final payment deadline)

Credit Card information:

Name On Card: _____

Card Number: _____ - _____ - _____ - _____ Expiration (mm/yy) ____/____

Name _____

Signature _____ Date ____/____/____