

Bowl with the Bronx - Let the Good Times Roll

Bowlero White Plains, 47 Tarrytown Rd, White Plains
April 25, 2023: Pizza Party 6:30-8:00 p.m., Open Bar and Bowling from 6:30-9:00 p.m.

Hosted by: *The Bronx Chapter of HGAR*

Tickets & Sponsorship Opportunities

Ticket Reservations

_____ 6 Bowlers: \$850.00 _____ 4 Bowlers: \$600.00 _____ 1 Bowler: \$175.00

Sponsorships

SOLD Kingpin Sponsor: \$3,500
Houlihan-Parnes Properties

_____ **Cocktail Sponsor: \$2,500** Includes 6 Bowlers, name of Sponsor printed on all promotional materials, sponsor signage, and back leaf advertising printed in the handout.

SOLD Grub Sponsor: \$2,500
Jerome Environmental Services LLC

_____ **Lane Sponsor: \$1,500** Includes 4 Bowlers, name of Sponsor printed on all promotional materials, sponsor signage, and full-page advertising printed in the handout.

Chatam Management Co., Inc.

Sandra Erickson Real Estate

_____ **Perfect Game Sponsor: \$1,500** Includes 4 Bowlers, name of Sponsor printed on all promotional materials, sponsor signage, and full-page advertising printed in the handout.

SOLD Giveaway Sponsor: \$1,500
Genesis Realty Group LLC-EJ York Inc.

SOLD Bowling Pin Sponsor: \$1,000
Stone Home Inspections

SOLD Bowling Ball Sponsor: \$1,000
Orange Bank & Trust

SOLD Strike & Spare Sponsor: \$1,000
ShowingTime+

SOLD Bowling Shoe Sponsor: \$1,000
Meadowbrook Financial Mortgage Bankers Corp.

SOLD Photo Booth Sponsor: \$1,000
Today Realty Corp.

SOLD DJ Sponsor: \$1,000
Morris Park Realty Group

SOLD Score Card Sponsor: \$750
Langsam Property Services Corp.
PCSB Bank

Reserve Your Company Sponsorship before April 15, 2022

Payment Required with Reservations

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_____ I will attend or sponsor the 2023 Bowling Night on April 25, 2023

See Attached for the Names of My Guests

Name: _____ Member #: _____

Company: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Number #: _____

Email Address: _____

Payment Required with Reservations

Total Amount payable to HGAR: _____

Charge to my: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express account:

Card #: _____

CVC: _____
(3 or 4 digit number)

Card Exp. Date: _____ / _____

Card Holder Signature: _____

Print Name: _____ Date: _____

Email: **Janine.Mosher@HGAR.com**

or Fax:

☐

718-892-9181 Check enclosed: # _____

**If paying by check, make check payable to HGAR and mail to:
HGAR, 1867 Williamsbridge Road, Bronx, NY 10461-6298**

For Questions contact Janine Mosher: 718-892-3000