



BOWLING FUNDRAISER

In support of Autism Speaks

JUNE 6, 2017 | 6:30 PM - 9:00 PM

BOWLING, FOOD, RAFFLES & NETWORKING!

BOWLMOR LONG ISLAND

895 WALT WHITMAN ROAD, MELVILLE, NY 11747

EMPIRE STATE
ESMBA
MORTGAGE BANKERS ASSOC.



Please join the ESMBA on June 6, 2017 for a Bowling Fundraiser to benefit Autism Speaks

Date: Tuesday, June 6, 2017
Time: Registration 6:30pm -7:00pm
Bowling, food, and raffles 7:00pm - 9:00pm
Where: Bowlmor Long Island
895 Walt Whitman Road, Melville, NY 11747

Ticket Prices and Sponsorship

Single ticket price **\$100**
Includes: 2 hours of bowling, shoe rental, food, and 2 drink tickets

Corporate Sponsorship **\$250**
Sponsor a bowling lane and have your company name and logo appear in the video presentation which is shown during the event. Your company will also be included in all event promotional materials.

Gold Sponsorship **\$1000**
Includes benefits of Corporate Sponsorship plus 8 tickets to the event.
Perfect night out for your team!

VIP rooms with private lanes available- contact Marc Stone for details.
Email Marc.Stone@Cardinalfinancial.com

For registration, sponsorship and donation information, please visit the ESMBA website at www.esmba.org If you or your company would like to donate a raffle prize or have questions about the event, please contact Kathy Lovece at Kathy.Lovece@Freedommortgage.com.

Come join us for a night of fun and become an advocate
for Autism Awareness.



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MAIL-IN CHECK PAY REGISTRATION FORM



Please select registration type: ___ Single \$100 ___ Corporate \$250 ___ Gold \$1,000

of Players/Registrations ___ x \$100 each = \$ _____

Bowler / Registrant Contact Information: (please print or type/photo copy for additional player registrations)

Bowler/Registrant #1

First Name _____ Last Name _____
Company _____
Street _____ City _____ State _____ Zip _____
Phone: _____ Email _____

Bowler/Registrant #2

First Name _____ Last Name _____
Company _____
Street _____ City _____ State _____ Zip _____
Phone: _____ Email _____

Bowler/Registrant #2

First Name _____ Last Name _____
Company _____
Street _____ City _____ State _____ Zip _____
Phone: _____ Email _____

*****PHOTO COPY THIS FORM TO REGISTER MORE PLAYERS*****

Make Checks Payable to: ESMBA and Mail to: 501 E. Boston Post Rd., Suite 6, Mamaroneck NY 10543 *on or before June 1st (cut off date to pre-register)*

Event Policy: no refunds or credits due to cancellation or no shows. No exceptions. You may substitute an attendee by sending an email to esmba@esmba.org on or before 5pm (est) on June 1st. Sponsors please send Logo to same email address.