

**MAPCR**



Saturday, October 15, 2022  
Block Brewing Company, Howell

**FUNDRAISER**

## SPONSORSHIP OPPORTUNITIES

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### **“Laugh Out Loud” Title Sponsor - \$1500**

- Larger logo in event program
- Table for 8 with premium seating
- Visual and verbal recognition at the event
- Recognition on MAPCR website and social media
- Extra drink ticket for each guest

### **“Stand Up” Sponsor - \$1000**

- Medium logo in event program
- Table for 8 special seating
- Visual and verbal recognition at the event
- Recognition on MAPCR website and social media

### **“Smile” Sponsor - \$500**

- Logo in event program
- Visual and verbal recognition at the event
- Recognition on MAPCR website and social media

### **“Humorous” Sponsor - \$250**

- Visual and verbal recognition at the event and on website.

## Individual Ticket Pricing & Table Reservation

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### **Table Reservation - \$600**

- Table reservation for 8

**MAPCR Member** *(guests at same price)* - **\$75**

**Non Member** *(guests at same price)* - **\$85**

# Comedy Night Registration Form

Please fill out and return to: MAPCR  
P.O. Box 366, Pinckney, MI 48169 • Phone: 734.498.2627 Fax: 734.275.3699

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## REGISTRANT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company/School/Court

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## REGISTRATION FEES

Registrations must be received by October 7, 2022

Member	<input type="checkbox"/> \$75	Member Guest	<input type="checkbox"/> \$75 x _____
Non-Member	<input type="checkbox"/> \$85	Non-Member Guest	<input type="checkbox"/> \$85 x _____
Laugh Out Loud Sponsor	<input type="checkbox"/> \$1500	<b>Guest Names:</b> _____ _____ _____ _____	
Stand Up Sponsor	<input type="checkbox"/> \$1000		
Smile Sponsor	<input type="checkbox"/> \$500		
Humorous Sponsor	<input type="checkbox"/> \$250		
Table Reservation	<input type="checkbox"/> \$600		

## PAYMENT INFORMATION

**TOTAL: \$** \_\_\_\_\_

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Please add the section totals and place sum in space provided above.

Money Order  Check  Visa  MasterCard:

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Street Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to MAPCR. REGISTRATION DEADLINE is **October 7, 2022**. Questions? Call the MAPCR office at 734.498.2627. Return registration form and payment to: MAPCR, P.O. Box 366, Pinckney, MI 48169 Fax: 734.498.8415. You can also register online at [www.mapcr.org](http://www.mapcr.org).