



# The Society for Safe and Caring Schools & Communities

Charitable # 85133 8145 RR0001

11010 142 Street Edmonton AB T5N 2R1 Phone: 780-447-9487 Fax: 780-455-6481 E-mail: office@sacsc.ca

## *Creating Safe Spaces* **WAFFLE BREAKFAST**

November 18, 2010 • The Crowne Plaza-Chateau Lacombe, 10111 Bellamy Hill, Edmonton • 7:30–9:00 a.m.

### **Sponsorship Levels**

The Society for Safe and Caring Schools & Communities (SACSC) invites you to support violence prevention programming for youth in Alberta by sponsoring our 2010 *Creating Safe Spaces* Waffle Breakfast! We are offering the following sponsorship opportunities for this year's event:

#### **Leader—\$7,500**

- Special recognition at the event for sponsoring guest speaker
- Event Chair will recognize sponsor with presentation of Safe and Caring award
- Sponsor will be recognized in the Edmonton Journal
- One prominently positioned table at the event (seats ten)
- Full page in the event program featuring company name, logo and thank-you message from SACSC
- Sponsor name prominently displayed on the table
- Recognition on the SACSC website and in the SACSC annual report

#### **Role Model—\$5,000**

- Event Chair will recognize sponsor with presentation of Safe and Caring award
- Corporate logo and recognition on give-away item received by all guests
- Sponsor will be recognized in the Edmonton Journal
- One prominently positioned table at the event (seats ten)
- Half page in the event program featuring company name, logo and thank-you message from SACSC
- Sponsor name prominently displayed on the table
- Recognition on the SACSC website and in the SACSC annual report

#### **Friend—\$2,500**

- Event Chair will recognize sponsor with presentation of Safe and Caring award
- Half page in the event program featuring company name, logo and thank-you message from SACSC
- One table at the event (seats ten)
- Sponsor name prominently displayed on the table
- Recognition in the SACSC annual report

#### **Table Sponsor—\$1,000**

- One table at the event (seats ten)
- Organization's name listed in the event program
- Sponsor name prominently displayed on the table
- Recognition in the SACSC annual report

***Note: If you are unable to fill your table, you can donate any extra seats and SACSC will provide these spaces to students and educators who would otherwise be unable to attend.***

For event information please contact Bev Christensen at 780-983-3509 or bchristensen@sacsc.ca

*Thank you for your support!*



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## Creating Safe Spaces

**WAFFLE  
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### Registration Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Receipt to be issued in the name of: \_\_\_\_\_

*(All personal information is collected solely for the purpose of registration and is covered by the SACSC privacy policy found on the Society for Safe and Caring Schools & Communities (SACSC) website at [www.sacsc.ca/membership.htm](http://www.sacsc.ca/membership.htm)).*

**Yes! I want to prevent violence and create safe spaces for youth. Please reserve the following for the 2010 *Creating Safe Spaces* Breakfast:**

<input type="checkbox"/> Leader \$7,500	<input type="checkbox"/> I would prefer to make a cash donation of \$_____
<input type="checkbox"/> Role Model \$5,000	<input type="checkbox"/> Ticket(s) \$100 X _____ # of tickets
<input type="checkbox"/> Friend \$2,500	<input type="checkbox"/> Please donate _____ tickets
<input type="checkbox"/> Table Sponsor \$1,000 X _____ # of tables (one table seats ten)	<i>Donated tickets will provide the opportunity for students to attend this event. Tax-receipted portion is approximately \$700 per table (\$70 per ticket).</i>

**Ordered by** (if different from above): \_\_\_\_\_

Payment may be made by credit card or cheque. Please make cheques payable to the Society for Safe and Caring Schools & Communities. Tickets will be mailed upon receipt of payment.

**Payment terms:** Payment must be received by October 31, 2010.

**Payment options**—please check one:

Invoice my company (cheque will follow)       Payment enclosed (cheque)

Please charge my credit card:       Visa       Mastercard

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

#### Please mail or fax this form to:

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For more information please contact Bev Christensen  
at 780-983-3509 or [bchristensen@sacsc.ca](mailto:bchristensen@sacsc.ca).