



**BREAKFAST WITH  
LYNCHBURG CITY SCHOOLS  
SUPERINTENDENT  
DR. SCOTT S. BRABRAND**

## **Breakfast with the Superintendent 2018**

**Thursday, March 8, 2018—7:30 am - 9:00 am**

**Lynchburg College ♦ Drysdale Student Center ♦ Burton Dining Room ♦ 1501 Lakeside Drive**

Thank you for your interest in the LCS Education Foundation, Inc.'s 12<sup>th</sup> annual 'Breakfast with the Superintendent'. Please complete the registration form below along with guest information on the reverse side and mail to: *Lynchburg City Schools Education Foundation, Inc., PO Box 2497, Lynchburg, VA 24505 no later than February 9, 2018.*

### **Lead Sponsorship**

Benefits include headline recognition for event support: recognition by logo in event program and welcoming powerpoint, recognition by logo on LCS Education Foundation website and annual newsletter (1,300+ annual circulation), sponsorship included in all event press releases and announced prominently at event, seating for 8 guests. **\$1,500.00 (\$1,420.00 is tax deductible)**

### **Table Sponsorship**

Benefits include recognition for event support: recognition by name in event program and welcoming powerpoint, recognition by name on LCS Education Foundation website and annual newsletter (1,300+ annual circulation), sponsorship recognized at event, seating for 6 guests **\$500.00 (\$440.00 is tax deductible)**

### **Individual Tickets**

Open Seating tickets are available. **\$30.00 (20.00 is tax deductible)**

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Please print/type information:

**Sponsor Name :** \_\_\_\_\_  
*(as you would like it to appear in the program)*

**Main Contact for Sponsorship:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check One:** I would like to register as \_\_\_\_\_ **Lead Sponsor** \_\_\_\_\_ **Table Sponsor** \_\_\_\_\_ **Open Seating**

payment enclosed       payment being processed and will follow       please send invoice  
*(lead/table sponsors only, please)*

**Please complete form on other side**



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**Phone: (434) 515-5081**

**email: gillettejk@lcsedu.net**

**Fed Tax ID #54-1385200**

**12<sup>th</sup> Annual  
Breakfast with the Superintendent  
Guest Registration**

**Please reserve:**

# ____ LEAD Sponsorship(s) to include reserved seating for 8 \$1,500.00 each (\$1,420.00 is tax deductible)	Total: \$ ____
# ____ TABLE Sponsorship(s) to include seating for 6 \$500.00 each (\$440.00 is tax deductible)	\$ ____
# ____ Individual/Open Seat Reservation(s) @ \$30.00 each (\$20.00 is tax deductible)	\$ ____

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**Guest List:** *Print/type information. Please include email address (used only for event reminder and event weather notifications) and mark 'donate' next to any unused tickets you would like to donate to the Foundation to give to teachers, principals, or other special guests.*

Guest 1: Name \_\_\_\_\_ Email Address \_\_\_\_\_

Guest 2: Name \_\_\_\_\_ Email Address \_\_\_\_\_

Guest 3: Name \_\_\_\_\_ Email Address \_\_\_\_\_

Guest 4: Name \_\_\_\_\_ Email Address \_\_\_\_\_

Guest 5: Name \_\_\_\_\_ Email Address \_\_\_\_\_

Guest 6: Name \_\_\_\_\_ Email Address \_\_\_\_\_

Guest 7 (Lead only): Name \_\_\_\_\_ Email Address \_\_\_\_\_

Guest 8 (Lead only): Name \_\_\_\_\_ Email Address \_\_\_\_\_

# \_\_\_\_\_ Number of Unused Tickets to Donate to Foundation

**Thank You!**