

Dear Potential Sponsor's,

The *Italia-America Bocce Club* is holding the 16<sup>th</sup> Annual Aldo Della Croce Open Bocce Tournament on November 3-5, 2023. There will be teams coming from all over the Midwest. The tournament has been growing each year due to the support of our sponsors. We want to thank you for your past support of this tournament and hope that we can count on your support again this year.

The goal of the Aldo Della Croce Tournament is to remain one of the premier Open Bocce Tournaments in the USA.

What does your sponsorship provide? It provides:

- Free Youth Bocce League for area grade school children
- Free High School Bocce League
- Free Special School District bocce activities for students with disabilities.

The *Italia-America Bocce Club* has instituted a scholarship fund. The scholarship will be available to students entering their freshman year of high school in the 2024-2025 school year. The scholarship will be given out at the Awards Banquet on Friday November 3, 2023.

I order to fulfil this goal, we are asking for your continued support through sponsorship at the platinum, gold, silver, or bronze level. Depending on your level of sponsorship you may be entitled to the following:

- Sponsorship banners.
- Tickets to award banquet.
- Company logo on commemorative apparel plus more.

See the attached form for specific inclusions. This event is open to the public; therefore, your support will be visible to participants and spectators.

Please complete the attached form and send along with your check made payable to *The Italia-America Bocce Club* to:

Italia-America Bocce Club 2210 Marconi Avenue St. Louis, Missouri 63110 Attn: ADC Tournament Committee

If you have any questions, please contact Robert Della Croce @ (314) 477-0154.

We couldn't be more thankful for all the support we receive from our businesses like yours!

Again, many, many thanks for your support!

ADC Tournement Chair Person Robert Della Croce



## 16th Annual Aldo Della Croce Tournament November 3-5, 2023 Sponsorship Form

Company:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Person:	E-Mail:	
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