

# SEASONS CENTRE FOR GRIEVING CHILDREN PRESENTS...



## CAR RIDE KARAOKE CHALLENGE

**Seasons Centre for Grieving Children** is a charitable organization serving Simcoe County. We opened our doors in 1995 and have been serving our community with their grief and bereavement ever since. Seasons Centre offers a variety of peer to peer support groups for children, teens, young adults, and adults grieving the death or life-threatening illness of an immediate family member.

The campaign sees teams of (4) participants belting out their favourite tunes in the Car Ride Karaoke vehicle equipped with a microphone, cameras, and an electrifying host. Local businesses, service groups, and residents can challenge each other to karaoke sing-offs. The challenge will end with a wrap-up party at Hooligans complete with a viewing party and judging panel to announce the winners of each category.

**Whether it is a corporate or individual entry - we hope you will consider joining us for this campaign.**

### CORPORATE

**\$1,000**

- Entry of (1) team of (4) participants
- Represent your business while engaging in team building
- Recorded video with host and professional equipment
- Corporate logo placed on team's video
- Corporate logo on Seasons Centre website with click-thru to your website
- Video submission to judging panel
- Invitation to the wrap-up party
- Corporate logo displayed on slideshow at wrap-up party
- Social media exposure

### COMMUNITY

**\$400/Team**

- Entry of (1) team of (4) individuals
- Recorded video with Seasons Centre host and professional equipment
- Video submission to judging panel
- Invitation to wrap-up party
- Social media exposure



For more information and to register your team, contact Courtney McFadden at 705.721.5437 ext. 301 or [courtney@grievingchildren.com](mailto:courtney@grievingchildren.com).

**ALL DONATIONS DIRECTLY SUPPORT SEASONS CENTRE FOR GRIEVING CHILDREN**



## Corporate Registration

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

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

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

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

High Resolution Logo Sent

## Community Registration

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

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

Participant Names:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## Payment Information

Visa

Mastercard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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