

SEASONS CENTRE FOR GRIEVING CHILDREN PRESENTS...



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.

ALL DONATIONS DIRECTLY SUPPORT SEASONS CENTRE FOR GRIEVING CHILDREN

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CAR RIDE KARAOKE CHALLENGE

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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