

C.A.N. is Community, Awareness and a Network for Autism!

Crossroads Autism Network presents the



RESOURCE RALLY Packet Sunday, April 28th, 2019

2:00 p.m. to 5:00 p.m.
The Children's Discovery Museum



1205 Sam Houston Drive

***Be a Rock Star & wear your favorite Band T-Shirt**
or
Create Your Own Shirt*

Prizes will be awarded for most creative!

We are so excited to celebrate 6 years of service to the crossroads area.
Join us for this FREE EVENT full of fun, resources,
registration for Autism Emergency Toolboxes, door prizes and more!

Crossroads Autism Network is a 501 (c) (3) non-profit organization.

For more information please contact (361) 571-8277 or (361) 212-7028 or send email @ crossroadsautismnetwork@gmail.com

Sponsored by:



Special Thanks to:



Victoria Police Department, Juice Plus, Golden Crescent CASA, Magical Vacation Planner

**Crossroads Autism Network's Rock Star Resource Rally
April 28, 2019**

Sponsorship Opportunities

Sponsorship Levels **Deadline to be included in event advertising: April 4th, 2019

**Sponsors of our event will appear on the event advertisement as long we receive by the deadline listed above.*

- \$400 **Rock Star Sponsor** Premium logo placement on flyers, website, Facebook & displayed on our stage.
- \$300 **VIP Sponsor** Logo placement on flyers, website, Facebook & displayed in the VIP Room where food is served.
- \$250 **Platinum Record Sponsor** Logo placement on flyers, Facebook & displayed at the registration table.
- \$200 **Gold Record Sponsor** Logo placement on flyers & in the movie room.
- \$100 **Artist Sponsor** Logo placement on flyers, Facebook & at Crossroads Autism Network's table.
- \$ _____ **Company/Personal donation** (Please check your choice) Food Event Printing

Payment Information:

Enclosed is a check made payable to the **Crossroads Autism Network** in the amount of \$ _____

Please charge my Credit Card:

\$ _____ to be charged to Card Number: _____

Expires: _____ Name on the card: _____ 3 Digit Code on back: _____

Billing Address: _____

Signature: _____

Business Name: _____ Contact Name: _____

Telephone: _____ E-mail: _____

Address: _____

City/State/Zip: _____

If applicable, please provide corporate logo or indicate how recognition name should be listed. Please email logo or title to crossroadsautismnetwork@gmail.com

Please return to: Crossroads Autism Network
P O BOX 4822
Victoria, TX 77903-4822

Event email: crossroadsautismnetwork@gmail.com

Phone # 361-212-7028
Or
361-571-8277



Crossroads Autism Network's Rock Star Rally Resource Booth Form

- 1. We have limited space for resource booths, first come, first serve! *Turn in your form by April 1st and be entered in a drawing. ***
- 2. No fee for setting up a booth, please bring a door prize for families to register for at your booth. CAN will provide tickets for door prize drawings.**

Organization Name: _____

Contact Name: _____

Telephone: _____

E-mail: _____

Address: _____

City/State/Zip: _____

What kid friendly activity will you provide at your booth for families? (Stickers, treats, games, etc.)

Return this form via mail or by email to crossroadsautismnetwork@gmail.com

Thank you for being part of our event and here are a few reminders for you!

*Set-Up begins at 1:00 p.m.

Each Resource Booth is responsible for the following:

*Table and chairs

*Feel Free to decorate your booth as much as you like! (Music theme, Signs, puzzle pieces, blue, etc.)

*Cleanup of your booth area.

Crossroads Autism Network
P O BOX 4822
Victoria, TX 77903-4822

**Crossroads Autism Network's Rock Star Rally
Participant Registration, Waiver and Photo Release Form**

****All participants, teams, resource booths and volunteers must complete one of these forms.**

Participant Name (s): _____

Team Name: _____

Phone # (_____) _____ - _____

Email Address: _____

Mailing Address: _____

Members List

+Everyone that is going to be attending with your team/group/booth **MUST** be listed!

+ALL MUST BE LISTED, and form must be signed for entire team's participation.

+If you need more room, please write on back.

Adults

Children

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Waiver & Photo Release Form

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above participant name, child(ren) named hereby give consent of participation in Crossroads Autism Network's Rock Star Rally event for Autism Awareness with to the participation of the child in all events including pictures related to said activities.

You the parent/guardian always agrees to supervise your child(ren). The undersigned and his/her family and herby forever release, acquit, discharge and holds harmless Crossroads Autism Network, The Children's Discovery Museum as well as its officers, governors, staff, agents, instructors, volunteers, contributors, and any property affiliated with, Crossroads Autism Network, The Children's Museum and from any and all liabilities, claims, any loss, damage, illness, injury or death that may be sustained by any or each of the undersigned while in or upon the premises of The Children's Discovery Museum participating in the Crossroads Autism Network's Rock Star Resource Rally event or while en route to or from these premises.

_____ Date: ____/____/20____
Parent Signature (if under 18 years' old)

Printed Name