

2018 SPONSOR REGISTRATION



corporatecup
compete. have fun. do good.

www.bostonchildrens.org/corporatecup

Location (pick one):

DANVERS (6/28)

BOSTON (7/12)

WORCESTER (7/26)

Sponsorship Amount: _____

SPONSORSHIP TYPE

CONTACT NAME

TITLE

COMPANY

STREET

CITY

STATE

ZIP

TELEPHONE

E-MAIL

AUTHORIZED SIGNATURE

DATE

For payment:

Payment can be made by check or credit card. To guarantee a spot in the Corporate Cup, payment must be received **no later than 30 days** after submitting a registration form.

For more information on sponsorship opportunities:

Alyssa Caruso: (857) 218-3103 or alyssa.caruso@chtrust.org

Once registered you will be contacted by a Boston Children's Hospital staff member to discuss next steps.

Checks can be mailed to:

Boston Children's Hospital Trust
Attn: Jasmine Perez
401 Park Drive, Suite 602
Boston, MA 02215

To pay by credit card contact:

Aura Guir
(857) 218-3165