



33rd Annual York Distinguished Citizen Celebration

**May 13, 2021
12:00 p.m.**

**PeoplesBank Park
5 Brooks Robinson Way
York, Pennsylvania**



Presenting Sponsor

The Vizzi Family

Benefitting

**Honoring
Carl J. Vizzi
Past President & Owner
York Wallcovering**



**BOY SCOUTS OF AMERICA®
NEW BIRTH OF FREEDOM COUNCIL**

Sponsorship Levels

Eagle Sponsor - \$5,000

Includes two tables with premier seating for eight guests, special recognition, full-page program ad.

Life Sponsor - \$2,500

Includes two tables for eight guests, special recognition, half-page program ad.

Star Sponsor - \$1,500

Includes two tables for eight guests, quarter-page program ad.

First-Class Sponsor - \$1,000

Includes one table for four guests OR a full-page program ad.

Scout Sponsor - \$500

Includes seating for two guests OR half-page program ad.

Ad Sponsor - \$250

Includes Quarter-page program ad.

Submit questions, guest names and program ads to Brian DeBease at brian.debease@scouting.org, Phone: 717-620-4520. Full-page ads are 8.5" wide x 11" tall. Half page ads are 8.5" wide x 5.5" tall. Quarter-page ads are 4.25" wide x 5.5" tall. Send program ads in black & white or grayscale and JPEG or PDF formats. As a precaution during this time, to assure guest safety and to be in accordance with State group gathering restrictions that may be in effect, a virtual program will be included.

Please RSVP and submit program ads by **Wednesday, May 5**. Please make checks payable to: New Birth of Freedom Council. Return to: York DCC, New Birth of Freedom Council, BSA, 1 Baden Powell Lane, Mechanicsburg, PA 17050

Sponsorship level: Eagle Life Star First-Class Scout with guests Scout with half-page program ad

Please reserve _____ seat(s) at \$100 per guest. I cannot attend but would like to make a contribution of \$ _____

Contact Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment: Check enclosed. Please send an invoice. Please charge my credit card below.

Amount: \$ _____ Type: Visa MasterCard Discover AMEX Exp. Date: _____

Account #: _____ Signature: _____