MARDI GRAS
Parade
February 25, 2017

Registration Deadline: February 17, 2017

Details
Includes beads and a ride on the CLC float!
Limited availability. First come, first served.
BYOB CANS ONLY. Absolutely NO GLASS allowed.

Corporate Sponsorship Opportunities Available
For $500 your company logo goes on the banner placed on the back of the float PLUS four (4) riders. The parade typically has 200,000+ viewers. If you have questions contact Nancy Valentine (314) 480-3173 for more information. (see reverse side for registration information).

Proceeds
Proceeds from the event will benefit Construction Management Scholarships and Building Futures. We hope to continue to build on the tremendous success from previous years, but this can only be accomplished by generous donations from individuals and companies like yours. We are requesting monetary donations to sponsor supplies needed to build the float. If you donate $500, your company logo will be displayed on the signage on the back of the float and you can have four riders on the float.

Donations made by Construction Leadership Council in 2016 included:
- $4,000 Scholarships
- $1,000 Building Futures

Your participation in 2017 will be used for worthy causes as in 2016.

REGISTRATION ON REVERSE.
Float Registration Deadline: February 17, 2017 at 5:00 p.m. Any reservation not canceled prior to February 17, 2017 will be billed.

Sponsorship Deadline: February 10, 2017

Hotel Accommodations: 10 guest rooms have been blocked at the Missouri Athletic Club (MAC) located at 405 Washington Ave, St. Louis, MO 63102. Discounted queen rate is $109. Rooms are blocked under the name of Brandon Leetch. You must provide your own credit card at the time you make the reservation. These are available on a first come first served basis by calling (314) 231-7220 ask for Crystal Nelson.

Payment Information
- Enclosed check payable to AGC of St. Louis Education Foundation 6330 Knox Industrial Drive, Suite 200, St. Louis, MO 63139
- We wish to pay with a credit card. _ American Express _ Discover _ MasterCard _ Visa
  Card Number __________ - __________ - __________ - __________ Expiration Date ___ / ___ Security Code ___

NAME ON CARD: ______________________________ COMPANY: ______________________________
ADDRESS: ______________________________ CITY: ______________________________ STATE: ______________________________ ZIP: ______________________________
PHONE: ______________________________ *EMAIL: ______________________________

TOTAL AMOUNT DUE: $________________

*after credit card has been processed, receipt will be emailed

Authorized Signature

QUESTIONS? Contact Nancy Valentine
at nvalentine@agcmo.org