



# **Tsawwassen Springs 2023 Festival of Lights**

Tsawwassen Springs is delighted to announce our fifth annual Festival of Lights, sponsored and decorated by families, community groups and businesses. The sponsorship of Christmas trees on beautiful Tsawwassen Springs golf course will raise funds for Delta Hospital and Community Health Foundation to purchase a Resectoscope for the OR.

Our family friendly community event is a wonderful opportunity to wander through our beautifully decorated forest of trees and enjoy the goodwill of the holiday season.

## **2023 Festival of Lights**

December 1, 2023 to January 1, 2024 Tsawwassen Springs Golf Course 5133 Springs Blvd Tsawwassen, BC V4M 0A2

#### FESTIVAL FEE PAYMENT AND CHARITABLE DONATION

**FESTIVAL FEE:** \$125 payable to TGCC Management LLP. The Festival Fee includes the Christmas tree and sponsor name sign.

**CHARITABLE DONATION:** Suggested minimum donation of \$250 payable to Delta Hospital and

**Community Health Foundation** 

#### TREE DECORATION

TIME TO DECORATE: November 28-30, 2023

HOW TO DECORATE: Use only CSA approved LED lights, due to inclement weather please make sure to weatherproof your decorations and attach them securely to your tree. You may also need an extension cord and step ladder. Be creative, have fun – prizes to be won!

**TREE LIGHTING CEREMONY:** The official lighting of the trees by Mayor George V. Harvie on Friday, December 1st, 2023 at 6pm.

**TAKE DOWN:** Please be sure to remove all lights and decorations from your tree from January 2nd to January 4th, 2024. Material left on the trees after January 4th will be disposed of as property of the Tsawwassen Springs.

## BY SPONSORING A TREE YOU WILL RECEIVE:

- A Christmas tree generously donated by Harris Nursery
- A place in the forest of trees in the Festival of Lights
- Personalized sponsor sign in front of your tree
- Sponsor name listed on Tsawwassen Springs website

Please complete and return the form to jill@tsawwassensprings.ca
Your support of Delta Hospital and Community Health Foundation is greatly appreciated.







# TREE SPONSOR INFORMATION FOR SIGNAGE (please print clearly)

Name:			
Company (As it will app	ear on signage):		
Address:			
City:	Postal Code:		
Phone: ()	Email:		
FESTIVAL FEE PAY	MENT AND CHARITABLE DON	ATION: (PLEASE FILL OUT	#1 & #2)
1. FESTIVAL FEE \$125			
□ Cheque to <i>TGCC Man</i>	agement LLP □ VISA □ MasterCard	d 🗆 AMEX	
Credit Card Number:		/	CVV
	ersonal or 🗆 company):		
□ Cheque payable to <i>De</i> Credit Card Number: _	ION AMOUNT TO DHCHF: \$Plta Hospital and Community Health Fo	oundation 🗆 VISA 🗆 MasterCa	ard 🗆 AMEX CVV
Name on the Card (□ pe	ersonal or $\square$ company):		
Signature:			
DONOR INFORMATION	FOR TAX RECEIPT (IF DIFFERENT FRO	M SPONSOR INFO) (nlease nrin	nt clearly)
Name:		<u> σ. </u>	ic cicariyy
Company:			
Address:			
City:	Postal Code:		
Phone: ()	Email:		

All donations will receive a charitable tax receipt. Charitable Business Number - 12984-4114-RR0001

