



Sponsorship Contract

DATE _____

THIS SPONSORSHIP IS AUTHORIZED BY:

MR. OR MS. COMPANY REPRESENTATIVE

COMPANY

MEMBER ID NUMBER

ADDRESS

CITY STATE ZIP

TELEPHONE FAX

EMAIL

SPONSORSHIP AGREEMENT

SPONSORED EVENT OR PROGRAM NAME

SPONSORSHIP LEVEL

SPONSORSHIP COST

ADDITIONAL INFORMATION/SPONSORSHIP BENEFITS

COST AND PAYMENT TERMS

100% OF PAYMENT IS DUE UPON RECEIPT OF CONTRACT

Sponsorship Cost \$ _____

I HEREBY WARRANT THAT I HAVE READ THE INCLUDED AGREEMENT AND ITS CONSIONS AND THAT I HAVE FUL POWER AND AUTHORITY TO SIGN FOR THE AFORENAMED FIRM.

SIGNATURE OF FIRM'S REPRESENTATIVE

REPRESENTATIVE'S TITLE

Company artwork and/or logo for banners and dashboards can be e-mailed to:
printshop@arcticicearena.net