

Dreams in Motion Events

SPONSORSHIP APPLICATION

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: (____) - ____ - _____

Fax: (____) - ____ - _____ Email: _____

Sponsorship Level:

- Title Presenting Major T-Shirt Medal Contributing Award Equipment
- Transportation Mile Markers Expo Packet Inserts Water Stations Product
- Hotel

Value of Sponsorship:

- 1. Cash \$ _____
- 2. Gifts in-kind (retail value) \$ _____
- 3. Media (retail value) \$ _____
- Total \$ _____

Sponsor Information: _____

(Print exactly as it should appear on all published materials)

Terms and Conditions:

1. Sponsor is entitled to the rights and benefits associated with the level chosen.
2. Sponsor understands that certain benefits of contribution require information or input by Sponsor. Failure to provide the information or input by the dates requested may result in a forfeiture of the benefits for which it was required.
3. Failure to pay any portion of your contribution on or before the date due as indicated on this contract or any invoice sent by **Dreams in Motion Events** may result in forfeiture of your contribution rights.

Signature of Authorizing Sponsoring Company Representative	Printed Name and Title
------------------------------------------------------------	------------------------

- Payment Enclosed – make checks payable to Dreams in Motion Events \$ _____
- Payment will be sent to arrive no later than 30 days prior to race (Deposit Required) \$ _____
- We do not wish to be a sponsor but wish to make a contribution. Contribution amount \$ _____

Dreams in Motion Events reserves the right to deny any sponsor for any reason with no written explanation required.

www.dreamsinmotionevents.com