



Occoquan Swimming Partnership & Sponsorship Application

| | | |
|--------------------------|--------|------|
| Date: | | |
| Name of Business: | | |
| Business Street Address: | | |
| City: | State: | Zip: |
| Business Phone Number: | | |

| |
|------------------------|
| Contact Name & Title: |
| Contact Phone Number: |
| Contact Email Address: |

Partnership & Sponsorship Tier Selection

| Partnership Tiers | Annual Cost | Sponsorship Tiers | Per Event Cost |
|-------------------|-------------|-------------------|----------------|
| Platinum | \$1,600 | Title | \$3,000 |
| Gold | \$1,000 | Gold | \$2,000 |
| Silver | \$400 | Silver | \$1,000 |
| Bronze | \$200 | Bronze | \$500 |

StartDate: _____

Swim Meet for 2019/2020 Check which meet(s) you would like to sponsor

- Medley Ready(10/12-13);
 Medley Extreme (11/2-3);
 Fall Fest (11/16-17);
 Presidents Day (2/7-9);
 Spring Splash (5/1-3)

Please send all logos and ads as high resolution digital files in either jpeg, pdf or eps

Payment Information – Credit Card **OR** Check

| |
|--------------|
| Balance Due: |
|--------------|

| Credit Card: Visa – MasterCard - Discover | | |
|---|--------|------|
| Card Number: | | |
| Exp Month/Year: | CVD: | |
| Name as it appears on card: | | |
| Address: | | |
| City: | State: | Zip: |

I authorize a scheduled yearly charge to the credit card listed above. I will be charged the amount indicated each billing period. I agree to notify Occoquan Swimming of any changes in my account information or termination of this authorization.

I have read the information provided and have discussed any questions or concerns about this agreement. I acknowledge that the above information is true and correct. My signature below acknowledges my understanding of the information and agreement to the terms above.

Printed Name: _____ Date: _____

Signature: _____