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| Image result for Occoquan Swimming | Occoquan Swimming Inc. |

# Partnership & Sponsorship Application

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Name of Business: | | |
| Business Street Address: | | | |
| City: | State: | | Zip Code: |
| Business Phone Number: | | Contact Name & Title: | |
| Contact Phone Number: | | Contact Email Address: | |

## Reference

|  |
| --- |
| Who referred you? Please include the referring family’s name: |

## Partner & Sponsor Tier Selection

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner Tiers:** | **Annual Cost:** |  | **Sponsor 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 |  |

|  |
| --- |
| Contract Start Date: |
| Contract End Date: |

***Please send all logo and ads as high resolution digital files in either jpeg or png.***

## 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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |