



Winner's Circle

Event and Program Sponsorship Contract

Sponsor

Company _____
(Please list Company Name as it should appear on Sponsorship Materials)

Authorized Representative _____

Title _____ Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Event

Name of Event _____

Sponsor Level: Presenting Sponsor Platinum Sponsor Gold Sponsor

Silver Sponsor Bronze Sponsor Other _____

Additional Instructions _____ Amount \$ _____

Payment

Invoice Payment Enclosed Type of payment: Check Cash Credit Card

All sponsorship invoices are due 90 days prior to the event.

Credit Card Number _____ Exp Date _____

Name on Card _____ Sec. Code _____

Contract Signature

Signature _____

Please note that by signing above, you are entering into a contract with Commerce Lexington Inc, and are therefore obligated to fulfill the agreement on this page.

Sold By

Volunteer's Name _____

Team _____ Date _____

Commerce Lexington Action

Approved by _____ Date _____ Sold List _____

Responsible staff _____ Copied to _____

Invoice Number _____

Return Form To:

Commerce Lexington Attn: Winner's Circle, P.O. Box 1968, Lexington, KY 40588 Fax: (859) 233-3304