



A Production of the West Virginia Motorcar Festival, Inc.

**Contract Length**

- 1 Year Contract
- 2 Year Contract
- 3 Year Contract
- 4 Year Contract
- 5 Year Contract

**Non-transferable TROPHY SUPPORTER Sponsorship Agreement**  
**\$250 TO \$499**

Sponsor Name: \_\_\_\_\_

Primary Sponsor Contact – Name: \_\_\_\_\_  
 Position with Sponsor Organization: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

Alternate Sponsor Contact – Name: \_\_\_\_\_  
 Position with Sponsor Organization: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

Sponsor Mailing Address: Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Sponsorship Breakdown: In-kind	Description	Retail Value
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	Total In-kind	\$ _____
<b>Cash -</b>	payment due on or before <b>Sept 1</b>	\$ _____
<b>Total Sponsorship</b>		<b>\$ _____</b>

**Checks should be made payable to: Charleston Boulevard Rod Run & Doo Wop**  
**723 Kanawha Blvd., East – Suite 212**  
**Charleston, WV 25301**

\_\_\_\_\_  
 Printed Name of Sponsor Authorized Party

\_\_\_\_\_  
 Authorized Signature and Date

**Agreement valid only on approval by the Charleston Boulevard Rod Run and Doo Wop Board.**

**To enjoy full benefit, signed sponsor agreement must be received by May 15.**

[www.charlestonwvcarshow.com](http://www.charlestonwvcarshow.com)

**Sponsor Amenities:**

- Recognition in printed flyer (2 printings)
- Website acknowledgement

**Sponsor Responsibilities:**

- Timely payment
- Timely selection of a registered vehicle to receive Sponsor Award (**NOTE: If Sponsor Award Packet is not picked up by Noon on Saturday, a vehicle will be selected on behalf of Sponsor.**)

**HOW DO YOU WANT LISTED ON WEBSITE AND IN BROCHURE?** \_\_\_\_\_

\_\_\_\_\_

**Other Considerations:** \_\_\_\_\_

\_\_\_\_\_

Board Approval:    Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                                  Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                                  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY:**

Responsible Volunteer: \_\_\_\_\_

Payment Rec'd:	Amt _____	CK# _____	Date _____
	Amt _____	CK# _____	Date _____
	Amt _____	CK# _____	Date _____

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