

YEAR _____



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 COPPER Sponsorship Agreement
\$1,000 TO \$2,499

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	\$ _____

Cash payment due on or before Sept 1 \$ _____

Total Sponsorship \$ _____

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

1-888-4-DooWop

Sponsor Amenities:

- Recognition in printed flyer (2 printings)
- Website acknowledgement
- Opportunity to place trinket in Goody Bag
- Rail banner presentation – banner provided by sponsor; 3' x 10' w/ grommets for hanging
- Invitation to Post-Event Party (2 complimentary tickets)
- Sponsor Appreciation Award

Sponsor Responsibilities:

- Timely payment
- Timely provision of logo/ads for publication
- Timely provision of materials for Goody Bags
- 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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