



of
Central Oregon

SPONSORSHIP FORM

Business Information:

Company Name _____

Address _____ Phone (____) _____

City _____ State ____ Zip _____ E Mail _____

Website URL _____

Type of Business _____

Contact Information:

Last Name _____ First _____

Phone (____) _____ E Mail _____

EVENT SPONSOR:

Practice _____ \$75.00 \$ _____
 Events (1-10) # _____ \$125.00 \$ _____

ACCO
Season Sponsor
\$ 1200.00 \$ _____

Cone Sponsor:

Small _____ x \$ 3.00 = \$ _____
 Large _____ x \$ 10.00 = \$ _____

Total Enclosed \$ _____

Item Donation: _____
 _____ Value: \$ _____

The sponsor above donates financially or provides services and/or items to fit the needs of our club. For each event sponsored they receive:

- Name in Event Title (i.e., ACCO Event #____ Sponsored by Your Name)
- Sponsor Name Displayed - at event if you provide a banner we will display it!
- Name Announced - at meetings leading up to and during the day of event
- Business Card and\ or logo posted on our website & Flyers.
- Entry fee waived per event sponsored.
- Place at registration table to hand out business marketing items, business cards, stickers, pens, etc.
- **Season Sponsor will get all the above, Plus (1 entry per event, 10 point event per season)**
- **Business Logo - printed on Posters, Flyers, and correspondence**

SEND CHECK PAYABLE TO:

AUTOCROSS CLUB OF CENTRAL OREGON
 (ACCO)
 67580 W. Hwy. 20
 Bend, OR 97701

Federal Tax ID: 87-0744862
 State Tax ID: 034810-96