



SPONSORSHIP ACCEPTANCE AGREEMENT

SPONSORSHIP LEVEL:

Presenting Sponsor: _____

Ticket Sponsor: _____

Ticket Outlet Sponsor: _____

Table Sponsor: _____

Donation Banner Sponsor: _____

Value of Sponsor: _____

SPONSOR INFO:

Company Name: _____

Address: _____

City, State, Zipcode: _____

Contact Name: _____

Email: _____ Phone: (____) _____

Signature: _____ Date: _____

20-30 Member Contact: _____

PLEASE MAKE CHECKS PAYABLE TO:

Active 20-30 Club #27
P.O. Box 415
Bakersfield, CA 93309