SPONSORSHIP OPPORTUNITIES

Saturday, April 18, 2020
Sports Event & BBQ Cook-Off

SPONSORSHIP LEVELS	CHAMP SPONSORSHIP $10,000	HOME RUN SPONSORSHIP $5,000	SIZZLING HOT SPONSOR $2,500	DUG OUT SPONSOR $1,000
3 Teams (Kickball, Softball and Cook-off)	●	●		
2 Teams (Kickball, Softball OR Cook-off)			●	
1 Team (Kickball, Softball OR Cook-off)				●
Logo Recognition on Event Promotional Materials	●	●	●	●
Logo on Banner at Event	●	●	●	●
Recognition on Social Media	●	●	●	●
Logo Inclusion on Event T-shirts	●	●	●	●
Listed as a Partner on www.myaccesshealth.org/support	●	●	●	●
Presenting Sponsor Press Release	●			
Presenting Sponsor Banner at Event	●			

TEAM

Cook-Off Team - $600	1 Team up to 10 members	Permit fees included
Softball Team - $500	1 team up to 15 members	Umpire fees included
Kickball Team - $500	1 team up to 15 members	Umpire fees included

Deadline for recognition on printed materials displayed at the event and t-shirts is ***Friday, March 27, 2020.***

Should weather prohibit the event from taking place, we greatly appreciate your donation. This event will not be rescheduled for another day. Questions?
Contact ***Lacie Sumpter*** at ***281-633-3157*** or ***lsumpter@myaccesshealth.org***

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Name, as you would like it to appear on all materials:		Contact Name:
Address:		
City:	State:	Zip:
Contact Number:	Email Address:	

COMMITMENT LEVEL

☐ $10,000 – Champ Sponsor ☐ $5,000 – Home Run Sponsor ☐ $2,500 – Sizzling Hot Sponsor ☐ $1,000 – Dug Out Sponsor
☐ $600 – Cook-Off Team ☐ $500 – Softball Team ☐ $500 – Kickball Team ☐ $ _____ Donation

METHOD OF PAYMENT

$_____ . _____ ☐ Cash ☐ Credit ☐ Check ☐ Invoice Me (Payment due by April 5TH)

Card Number:	Expiration Date: /	Security Code:
Name as it appears on the card:		
Billing address (if different from above):		
City:	State:	Zip:

Signature:	Date:	I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment is for the goods/ services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please return form to: AccessHealth 400 Austin St. Richmond, TX 77469
Attention: ***Lacie Sumpter*** Email: ***lsumpter@myaccesshealth.org***