



NEDA FALL FESTIVAL

Sponsorship Agreement

Deadlines Fall Show
Program Display August 15 September 1
Submission. Save form on your computer, fill out and email to Show Contact.
Sponsorship Packages. Check off items included in your sponsorship package and enter zero in amount paid.

Show Contact
 Beth Jenkins, Show Manager
 63 Western Avenue
 Sherborn MA 01770
 home: 508.655.6490
 cell: 508.733.3672
 email: fallshow@neda.org

Office	DATE _____	BY _____
NOTES		
SIGNATURE		

Contact Information

BUSINESS _____

CONTACT _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____ PHONE _____

EMAIL _____

WEBSITE _____

Class / Party / Championship Sponsorship Amount Paid

<input type="checkbox"/> Open Class	\$50	_____
<input type="checkbox"/> Championship (NEDAAA JrYR)	\$250	_____
<input type="checkbox"/> CDI Class (Grand Prix \$600 / non Grand Prix \$250)	TBD	_____
<input type="checkbox"/> Party Sponsor (FEI Jog Wed / The Party Fri)	TBD	_____
<input type="checkbox"/> Other	TBD	_____

Details _____

Payment

DATE _____ FORM TOTAL _____

AMOUNT PAID _____ AMOUNT IN KIND _____

DETAILS

VISA MASTERCARD CHECK PAYABLE TO NEDA

NOTES _____

Program Advertising Amount Paid

<input type="checkbox"/> Business Card	3.5" w x 2.5" h	\$50	_____
<input type="checkbox"/> Sixth Page	7.5" w x 2.5" h	\$100	_____
<input type="checkbox"/> Quarter Page	3.5" w x 5" h	\$250	_____
<input type="checkbox"/> Half Page	7.5" w x 5" h	\$350	_____
<input type="checkbox"/> Full Page	7.5" w x 10" h	\$500	_____
<input type="checkbox"/> Cover (Inside Front / Inside Back / Outside Back)		TBD	_____

Details _____

8.5" x 11" color covers / BW interior / 300 dpi .jpg or .pdf / Must be received by Program Date

Vendor Amount Paid

<input type="checkbox"/> Vendor Space	(Each 10'x10' space \$500)	_____
<input type="checkbox"/> NEDA Supplied Tent	(\$200 / \$275 / \$350 / \$425)	_____
<input type="checkbox"/> Tent <input type="checkbox"/> Truck	Details _____	_____

Details _____

VIP Seating Amount Paid

<input type="checkbox"/> Table of 8	(Each Table)	\$1,000	_____
<input type="checkbox"/> Individual Reserved Seating	(Each Seat)	\$150	_____

Details _____

Credit Card Payment Details

CARD NUMBER _____

NAME ON CARD (PLEASE PRINT) _____

BILLING ADDRESS _____

CITY / STATE / ZIP CODE _____

EXPIRATION: MM/YY _____ SECURITY CODE _____

SIGNATURE _____

Banners / Flyers Amount Paid

<input type="checkbox"/> Banner	(Each Banner)	\$200	_____
<input type="checkbox"/> Flyers in Office	(Each set of Flyers)	\$200	_____

Details _____

Other Sponsorships / Donations Amount Paid

<input type="checkbox"/> Cash	_____
<input type="checkbox"/> Value of Services and / or Product Donation (approximate)	_____

Details _____