



# 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

<b>Office</b>	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 \_\_\_\_\_

**Credit Card Payment Details**

CARD NUMBER \_\_\_\_\_

NAME ON CARD (PLEASE PRINT) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY / STATE / ZIP CODE \_\_\_\_\_

EXPIRATION: MM/YY \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**VIP Seating** Amount Paid

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

Details \_\_\_\_\_

**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 \_\_\_\_\_