

**2nd Annual Motorcycle Ride**

**Sponsorship Agreement**

|  |  |
| --- | --- |
|  | I / My Company agrees to be the Platinum Sponsor |
|  | I / My Company agrees to be the Gold Sponsor |
|  | I / My Company agrees to be the Silver Sponsor |
|  | I / My Company agrees to be the Bronze Sponsor |
|  | I / My Company agrees to donate the following item(s) to be used at the event |
|  |  Prize Donation Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  Restrictions / Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  Value: $\_\_\_\_\_\_\_\_\_\_ Needs to be picked up? \_\_\_\_\_ Mailing? \_\_\_\_\_ |

**I am unable to sponsor this year, but would like to:**

|  |  |
| --- | --- |
|  | Be a rider ($25 per rider, includes picnic) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | …….add a passenger to my bike ($10 each passenger) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Purchase \_\_\_\_\_ Picnic Admission Tickets ($10 each) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Make a donation of $ \_\_\_\_\_\_\_\_\_\_ (please make payable to Stratford PAL) |

**Sponsor Information**

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information: (PLEASE DO NOT SEND CASH IN THE MAIL)**

 Enclosed is my Check (Payable to Stratford PAL) in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_/\_\_\_\_ V-Code:\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to the Stratford Police Department, ATTN: Lt. Melissa Niemiec, 900 Longbrook Avenue, Stratford, CT 06614**

Stratford PAL is a registered 501c(3) nonprofit by the Internal Revenue Service