

Sponsorship Contract

Northern Kentucky Chamber of Commerce
300 Buttermilk Pike, Suite 330, P. O. Box 17416, Ft. Mitchell KY 41017-0416
Contact: Janice Cushman, 859 578-6381 Fax 859 578-8802

Sponsor

*Company _____

*Authorized Representative _____

***EVENT/PROGRAM CONTACT** _____

*Address _____

_____ * Direct Phone _____

*City _____ *State _____ *Zip _____

*E-MAIL OF CONTACT _____

Event

Name of Event _____

Sponsor Level: _____

Instructions _____

Amount Received \$ _____

Credit Card # _____ Exp. date _____

Name on Card (must be complete) _____

Sold By

*Volunteer's Name _____

*Team _____ Date _____

Approved By

*Company Representative _____

*Campaign Volunteer _____

****To ensure Event/Program correspondence goes to the correct contact,
these sections MUST be complete before Sponsor Contract will be accepted.***