**Ashley Stevenson Memorial Scholarship Sponsorship Contact Information 2015**

**Business Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Business Name:** |  | | | | |
| **Owner/Contact:** |  | | | | |
| **Current Address:** |  | | | | |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Email:** |  | | |

**Sponsorship Level Selection**

*Please check the appropriate Sponsorship Levels selection for 2015.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | $5000 Founding Sponsor |  | $350 5K Water Stop |
|  | $1000 Gold Sponsor |  | $250 5K Registration |
|  | $500 Silver Sponsor |  |  |
|  | $250 Bronze Sponsor |  |  |

**Sponsor Cancellation/Payment Agreement**

Your signature represents your commitment to pay for the selected sponsorship. This Sponsorship Form serves as a contract. Execution of this Sponsorship Form signifies assumption of legal responsibility to pay for sponsorship(s) and/or Event space as stipulated on the Sponsorship Level and Benefits Catalogue. Full payment must be received within thirty (30) days of receipt of invoice. Payment must be made in U.S. dollars drawn on a U.S. bank. The Ashley Stevenson Memorial Scholarship reserves the right to cancel this agreement in the event of non-payment within thirty (30) days of receipt of invoice unless alternate payment arrangements have been agreed upon, in writing.

Total Amount of Sponsorship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*If submitting electronically: By typing your full name, you acknowledge that this is an electronic signature and this signature will bind all agreements made by law. Please initial here \_\_\_\_\_\_\_**

Print Company name **EXACTLY** as you would like it to appear on all event material:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form may be emailed to [AshleyStevensonMS@gmail.com](mailto:AshleyStevensonMS@gmail.com) or mailed to:

Ashley Stevenson Memorial Scholarship

attn.: Dwenette Stevenson

311 N 7th Street

Wolfforth, TX 79382