

Sponsorship Commitment Form

Sponsor Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

Choose Your Sponsorship

Gold: \$500+

DJ Sponsor: \$500

Silver: \$250+

Burnout Sponsor: \$350

Bronze: \$100

Trophy Sponsor: \$200

Water Table Sponsor: \$500

Please send your logo with the completed form to starspringfestival@yahoo.com

We ask that your logo is in PDF or EPS format.

A 6 ft table will be provided to Gold Sponsors. There is NO access to electricity.

Please make ALL checks payable to St. Jude Children's Hospital.

Mail checks to: 136 Moto X Drive, Florence, MS 39073

Donation Amount: _____

Signature: _____

Date: _____