





Sponsorship Agreement

Contact Name:			
Business Name:			
Business Mailing Address:			
City:		State:	Zip Code:
Email:		Phone:	
Sponsorship Level:		Sponsorship Amount: \$	
Payment Options (Circle One):	Check Enclosed	Send Invoice	Charge to Credit Card
Credit Card Number:		Exp Date:	Security Code:
Authorized Signature:		D	ate:

Return this completed form to:

MURRELLS INLET 2020

PO Box 1357, Murrells Inlet, SC 29576

P: 843.357.2007

■ Info@MurrellsInletSC.com