





Sponsorship Agreement

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

Return this completed form to:

MURRELLS INLET 2020

PO Box 1357, Murrells Inlet, SC 29576

P: 843.357.2007

■ Info@MurrellsInletSC.com