

The Bradford Connection

SPONSORSHIP



To complete your sponsorship, please complete this application.

Company/Organization Name

Phone

Sponsorship Level : ☐ Monthly ☐ Annual ☐ Corporate Annual**

Point of Contact

E-Mail

Point of Contact Address

[Legal Disclaimer](#)

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By signing this application, you attest that you are a legal representative of the entity applying to be a sponsor. Furthermore, you agree to the Legal Disclaimer & Liability Release as well as the benefits listed for the level of sponsorship chosen. If you wish to withdraw your sponsorship, you may do so at any time.

Signature

Date