



**B R A S   O F F   B R O A D W A Y**  
F A R G O   |   N D A K O T A

## *Sponsorship Agreement*

Business Name:\_\_\_\_\_

I would like to be a table sponsor for Bras Off Broadway 2024

\_\_\_ \$5,000 Push-Up Sponsor

\_\_\_ \$2,500 Demi Bra Sponsor

Address:\_\_\_\_\_

City/ST/Zip:\_\_\_\_\_

Authorized Representative Name/Title:\_\_\_\_\_

Authorized Representative Signiture:\_\_\_\_\_ Date:\_\_\_\_\_

Contact Person for Guest List, Company Logo, Etc.

Name:\_\_\_\_\_

Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Payment Information:

\_\_\_ Payment for \$\_\_\_\_\_ is enclosed

\_\_\_ Please invoice me



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Pink Plaid is a 501(c)3 nonprofit  
Federal Tax ID: 84-4618603  
brasoffbroadway.com