



## *2021 Sponsorship Levels*

---

### **8 Penny Sponsor: \$200**

- Name listed on the Race Shirt if paid by April 15th
  - Name/logo and link on website
  - Table at Event
- 

### **16 Penny Sponsor: \$300**

- Name / Logo listed on the Race Shirt if paid by April 15th
  - Name/logo and link on website
  - Table at Event
  - Acknowledgement on social media and during race announcements
  - Name listed on Race Day Banner at the start and finish of the event
- 

### **Pole Barn Spike Sponsor: \$2000**

- Name / Logo listed on the of Sleeve of the Race Shirt if paid by April 15th
  - Name/logo and link on website
  - Table at Event
  - Acknowledgement on social media and during race announcements
  - Name / Logo on Race Day Banner at the start and finish of the event
  - Name mentioned as “Platinum Sponsor” on advertising for the event
  - Flyer and/or approved item in the participants race bag
- 

### **Bag Sponsor : \$400**

- Name / logo on race bag that goes out to all participants with their shirt and Bib #
- Flyer and/or approved item in the participants race bag
- Name / logo on the website
- Table at Event



# 2021 Sponsorship Form

Business Name (As you would like it to appear in Advertising) \_\_\_\_\_

Print Name of Authorized Signer \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Name of Sponsorship Level or Item \_\_\_\_\_ Amount \_\_\_\_\_

Name of Sponsorship Level or Item \_\_\_\_\_ Amount \_\_\_\_\_

Name of Sponsorship Level or Item \_\_\_\_\_ Amount \_\_\_\_\_

**Total Amount** \_\_\_\_\_

**If you have a unique sponsorship you would like to provide, please list details below. We will review it and get back to you.**

**If you would like to provide something for the Swag Bag participants receive at Registration, please describe the item below.**

**Mail Checks Payable to GSHBA or provide Credit Card Info below and mail to 1001 Theater Dr. Plover WI 54467.**

Check Enclosed \_\_\_\_\_ Invoice Me \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

**Logos and graphic files can be emailed to [office@gshab.net](mailto:office@gshab.net) prior to April 15th. Payments and Invoices need to be paid in full by prior to April 15th. Call (715) 341-3536 or email [office@gshba.net](mailto:office@gshba.net) if you have any questions.**