

SPONSORSHIP APPLICATION

BUSINESS INFORMATION

Business Name: _____

Contact Name/Title: _____

Phone: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Website: _____

Email: _____

Briefly Describe your Business, Products or Services: _____

SPONSORSHIP CONTRIBUTION

Sponsorship Level

- Gold Level = \$2000
 Silver Level = \$1000
 Bronze Level = \$500
 Alternate Contribution/Donation _____

PROGRAM ADVERTISEMENT & SPONSOR EXHIBIT SELECTION

- | | |
|---|--|
| <input type="checkbox"/> Full Page Ad = Gold Level | <input type="checkbox"/> 3 tables = Gold Level |
| <input type="checkbox"/> Half Page Ad = Silver Level | <input type="checkbox"/> 2 tables = Silver Level |
| <input type="checkbox"/> Quarter Page Ad = Bronze Level | <input type="checkbox"/> 1 table = Bronze Level |

Ad submissions may be emailed to cabecacapoeirabrasilusa@gmail.com in either a PDF or JPEG format. All submissions must be made by **September 1, 2010.

**You may upgrade the size of your program ad or table exhibit on event. Please contact us for upgrade rates.

I authorize Grupo Capoeira Brasil to use our business logo in event promotional materials and the event program.

If you will be setting up an exhibit on event day, please briefly describe the nature of the contents/display: _____

PAYMENT INFORMATION

Total Payment Amount: _____ Check here if making an online payment through our website

Payment can be made by check or credit card. Checks to be made payable to: "Espírito do Brasil Capoeira"

Credit Card Type: _____ Business Name As Appears on Card: _____

Account #: _____ Expiration Date: _____

I, _____, agree to pay the above indicated charges. I authorize Grupo Capoeira Brasil to charge these costs to my credit card should this be my chosen method of payment. I understand that there will be no refunds granted.

Authorized Signature: _____ Date: _____

