SPONSORSHIP AGREEMENT

SPONSORING COMPANY INFORMATION:

NAME OF SPONSORING COMPANY: _____

CONTACT NAME: _____ TITLE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SPONSORSHIP LEVELS: (CHECK APPROPRIATE BOX)

- ☐ **Presenting ($10,000)**
- ☐ **Code 3 ($5,000)**
- ☐ **Battalion Chief ($2,500)**
- ☐ **Captain ($1,000)**
- ☐ **Firefighter ($500)**
- ☐ **Rookie ($300)**

VALUE OF SPONSORSHIP:

Cash..... $ _____

Gifts in-kind (retail value) ..... $ _____

Media (retail value) ..... $ _____

Total Contribution..... $

TERMS AND CONDITIONS: (PLEASE INITIAL)

_____ Event organizers have the right to refuse any offers of sponsorship for any reason.

_____ Sponsor is entitled to the rights and benefits associated with the sponsorship level chosen.

_____ Sponsor understands that certain benefits of contribution required information or input by the Sponsor. Failure to provide the information or input by the dates requested may result in a forfeiture of sponsorship benefits.

_____ Failure to pay any portion of sponsorship on or before the date due as indicated on this contract of any invoice sent by the event shall result in a forfeiture of sponsor's rights.

_____ Date of receipt of signed Sponsorship Agreement may impact availability of certain benefits due to production deadlines.

_____ Sponsor must provide a Certificate of Insurance naming Firefighter Cancer Support Network as additional insured on their insurance policy for the event.

_____

SIGNATURE OF SPONSORING COMPANY'S AUTHORIZED REPRESENTATIVE

_____

PRINTED NAME DATE

☐ Payment enclosed. Please make check payable to Firefighter Cancer Support Network.

☐ Payment will be sent upon receipt of invoice or as stated on invoice.

Please return this completed form along with your sponsorship payment to:
Cwund@fcsn.net or Firefighter Cancer Support Network
2600 West Olive Ave. 5th Floor PMB 608 Burbank, CA 91505