

# GALVESTON COUNTY FAIR & RODEO, INC.

P.O. BOX 889  
SANTA FE, TEXAS 77510

www.galvestoncountyfair.com

PHONE: (409) 986-6010/FAX: (409) 986-6490

## SUMMER SERIES SPONSORSHIP AGREEMENT

_____	<i>Saddle Sponsor</i>	<i>\$1,200.00</i>
_____	<i>Event Sponsor</i>	<i>\$350.00</i>
_____	<i>Event Co-Sponsor</i>	<i>\$175.00</i>
_____	<i>Buckle Sponsor</i>	<i>\$150.00</i>
_____	<i>Leadline Sponsor</i>	<i>\$100.00</i>
_____	<i>General Donations</i>	<i>Any Amount</i>

### AGREEMENT

SPONSORED EVENT: SUMMER SERIES AMOUNT: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_

Representative: \_\_\_\_\_

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

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Name for Advertisement: \_\_\_\_\_

*I understand and agree that the production of the show, dates and times of the show, as well as the selection of judge(s), etc., are determined by Galveston County Fair & Rodeo, Inc., and are not subject to this agreement.*

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_ Fair Representative \_\_\_\_\_

\_\_\_\_\_ *payment enclosed* \_\_\_\_\_ *please bill me*

Pay by Credit Card - \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Name on Card \_\_\_\_\_ Card# \_\_\_\_\_

3 Digit Security Code (on back of card) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Payment

Received: \_\_\_\_\_ Form of payment: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Notes:

**THE GALVESTON COUNTY FAIR & RODEO IS A 501 (C) (3) NON-PROFIT ORGANIZATION  
DEDICATED TO SERVING YOUTH, EDUCATION & AGRICULTURE SINCE 1938**