



3-7, 2010
August



In Support of Diabetes Research & Education

Rock'n August Sponsorship / Vendor Confirmation

Yes, I Would Like To Confirm The Following Sponsorship Package(s):

Sponsors (GST Exempt)	
<input type="checkbox"/> Trophy Sponsors	\$250
<input type="checkbox"/> Big Block Package	\$500
<input type="checkbox"/> High Performance Package	\$1,000
<input type="checkbox"/> Saturday Dance	\$2,500
<input type="checkbox"/> Full Blown Package #1 St. Albert On-Site Event Tue to Thurs.	\$2,500
<input type="checkbox"/> Full Blown Package #2	\$2,500
<input type="checkbox"/> Turbo Platinum Package #1 Title Sponsor Friday Night Cruise	\$5,000
<input type="checkbox"/> Turbo Platinum Package #2 Title Sponsor Friday Night Street Dance	\$5,000
<input type="checkbox"/> Super Charged Package Title Sponsor Saturday Show'n Shine	\$5,000

Vendors
<input type="checkbox"/> Product Vendor
<input type="checkbox"/> \$200 per site per day including GST for 20' booth
<input type="checkbox"/> \$5.00 for each additional foot. ____ ft @ \$5 = ____
<input type="checkbox"/> Friday Night <input type="checkbox"/> Saturday <input type="checkbox"/> Both
<input type="checkbox"/> Food Vendor
20% of profits made - minimum \$200 per day
<input type="checkbox"/> Friday Night <input type="checkbox"/> Saturday <input type="checkbox"/> Both
<input type="checkbox"/> Service Group Partnership
\$1,000 Donation to ADF – official receipting available.
Custom-sized booths available - pricing TBA.

Please mail or fax sponsorship confirmation to:

Rock'n August
 Attention: Mike Howes
St. Albert Chamber of Commerce
 71 St. Albert Road, St. Albert T8N 6L5 Fax: 780.458.6515
 Phone: 780.459.4539 E-Mail: mike@dkcsparklean.com
www.rocknaugust.com

All Donations to Diabetes Research & Education are Gratefully Accepted.

Please make cheque payable to Rock'n August and mail to the address shown above.

A 50% Deposit is required upon confirmation of sponsorship received. Balance is due June 30th for artwork cutoff.

Name: _____ Company: _____

Phone: _____ Cell: _____ Fax: _____ E-Mail: _____

Address: _____

City/Town: _____ Postal Code: _____

Payment (please check one)

Cheque (make payable to Rock'n August) Visa Mastercard

Card #: _____ Exp. ____ / ____

Authorized Signature: _____

Sponsorship Amount: _____ Deposit: _____ Balance: _____