

QCBMF Sponsorship Agreement 2018

Beard & Moustache Competition for Charity

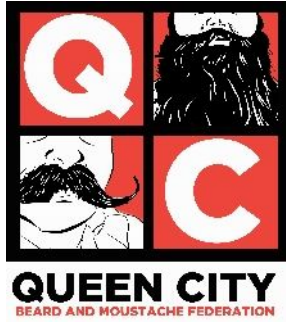
Saturday, May 5, 2018 at 319 Walnut

Shannon Medley, Treasurer

Email: treasurer@queencitybeards.com

Phone: 417.987.8448

- Sponsorship Level:**
- | | |
|---|--|
| <input type="checkbox"/> Best in Show at \$5,000 | <input type="checkbox"/> Full Beard at \$2,000 |
| <input type="checkbox"/> Partial Beard at \$1,000 | <input type="checkbox"/> Chops at \$500 |
| <input type="checkbox"/> Moustache at \$250 | <input type="checkbox"/> The Faker at \$100 |



Sponsoring Business or Organization

business/organization name

When fully executed, this document will establish an agreement between Queen City Beard & Moustache Federation, herein after referred to as "QCBMF" and the sponsoring business or organization referred to as "The Sponsor" in support of the 2018 Beard and Moustache Competition for Charity.

The Sponsor agrees to pay QCBMF as indicated above, checks made payable to Queen City Beard & Moustache Federation. I understand that the total moneys received from Sponsor by 5 p.m., February 1, 2018, will indicate sponsorship level.

In consideration of the payment detailed above, The Sponsor shall receive appropriate acknowledgement as a sponsor of the 2016 Beard and Moustache Competition for Charity at the level indicated. Sponsorship recognition and opportunities include but may not be limited to those items outlined on the Event Sponsorship packet. The final decision regarding placement and/or juxtaposition of sponsor(s) logo shall rest with QCBMF. When future Beard & Moustache Competitions for Charity are scheduled, The Sponsor shall have the right of first refusal on continuing its sponsorship of this event.

It is understood and agreed that the entire agreement between QCBMF and The Sponsor is contained herein and that this document supersedes all previous written and oral agreements, and negotiations relating to the event sponsorship herein detailed. Any modification of this document shall be made in writing. The agreement is to be construed under the laws of the state of Missouri.

If this document correctly states your understanding of our agreement, please sign and date both copies, and return to Shannon Medley (contact info above). A fully executed copy will be returned to you for your records.

- payment in full, enclosed partial payment enclosed (must be paid in full by February 1, 2018) _____
Initials

name of authorized representative (please print)

address city state zip

email address phone number

signature date

Shannon Medley, Treasurer date

