



QCBMF Sponsorship Agreement 2019

Beard & Moustache Competition for Charity

Saturday, May 4, 2019 at UPH, 333 S John Q Hammons Parkway

Dovie Helm, Treasurer

Email: treasurer@queencitybeards.com

Phone: 417.827.5157 - Jamie Woody, Secretary

- Sponsorship Level:**
- Best in Show at \$5,000
 - Full Beard at \$2,000
 - Partial Beard at \$1,000
 - Chops at \$500
 - Moustache at \$250
 - 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 QCBMF. I understand that the total moneys received from Sponsor by 5 p.m., February 15, 2019, will indicate sponsorship level.

In consideration of the payment detailed above, The Sponsor shall receive appropriate acknowledgement as a sponsor of the 2019 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 15, 2019)

_____ *Initials*

_____ name of authorized representative (please print)

_____ address _____ city _____ state _____ zip

_____ email address _____ phone number

_____ signature _____ date

_____ Dovie Helm, Treasurer _____ date

- I would like to have a free booth included in my sponsorship (Booth is not confirmed until money's received by treasurer)