



A Production of the West Virginia Motorcar Festival, Inc.

YEAR \_\_\_\_\_

Contract Length	
<input type="checkbox"/>	1 Year Contract
<input type="checkbox"/>	2 Year Contract
<input type="checkbox"/>	3 Year Contract
<input type="checkbox"/>	4 Year Contract
<input type="checkbox"/>	5 Year Contract

### Non-transferable TROPHY SUPPORTER Sponsorship Agreement \$250 TO \$499

Sponsor Name: \_\_\_\_\_

Primary Sponsor Contact – Name: \_\_\_\_\_  
 Position with Sponsor Organization: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

Alternate Sponsor Contact – Name: \_\_\_\_\_  
 Position with Sponsor Organization: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

Sponsor Mailing Address: Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Sponsorship Breakdown: In-kind	Description	Retail Value
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	Total In-kind	\$ _____
	<b>Cash -</b> payment due on or before <b>Sept 1</b>	\$ _____
	<b>Total Sponsorship</b>	\$ _____

Checks should be made payable to: **Charleston Boulevard Rod Run & Doo Wop**  
**723 Kanawha Blvd., East – Suite 212**  
**Charleston, WV 25301**

\_\_\_\_\_  
Printed Name of Sponsor Authorized Party

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

**Agreement valid only on approval by the Charleston Boulevard Rod Run and Doo Wop Board.**

**Sponsor Amenities:**

- Recognition in printed flyer
- Website acknowledgement

**Sponsor Responsibilities:**

- Timely payment
- Timely selection of a registered vehicle to receive Sponsor Award (**NOTE: If Sponsor Award Packet is not picked up by Noon on Saturday, a vehicle will be selected on behalf of Sponsor.**)

**HOW DO YOU WANT LISTED ON WEBSITE AND IN BROCHURE?** \_\_\_\_\_

\_\_\_\_\_

**Other Considerations:** \_\_\_\_\_

\_\_\_\_\_

Board Approval:    Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                                  Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                                  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY:**

Responsible Volunteer: \_\_\_\_\_  
 Payment Rec'd:    Amt \_\_\_\_\_ CK#: \_\_\_\_\_ Date \_\_\_\_\_  
                                  Amt \_\_\_\_\_ CK# \_\_\_\_\_ Date \_\_\_\_\_  
                                  Amt \_\_\_\_\_ CK# \_\_\_\_\_ Date \_\_\_\_\_

[www.charlestonwvcarshow.org](http://www.charlestonwvcarshow.org)



*It is the responsibility for everyone to comply with current COVID-19 guidelines. These will be updated as the State & County health departments release new guidance. No footage included.*