



Tom Wear Memorial 1 Mile Swim & Colonies Zone Open Water Championships Event Sponsorship Opportunities



Proceeds to benefit Jefferson Township Municipal Pound

Sponsorship Levels

| | | | | |
|---|--|---|---|---|
| <p><i>Please select a sponsorship level</i></p> | <input type="checkbox"/> PLATINUM \$1,500 <ul style="list-style-type: none"> 2 x 4 Logo banner in race staging area Link to your company web site from our event web site Sponsor provided promotional materials included in race packets Company name and logo on race shirts Company name and logo in race brochure Receive 4 race shirts | <input type="checkbox"/> GOLD \$500 <ul style="list-style-type: none"> Link to your company web site from our event web site Sponsor provided promotional materials included in athlete package Company name and logo on race shirts Company name and logo in race brochure Receive 2 race shirts | <input type="checkbox"/> SILVER \$250 <ul style="list-style-type: none"> Sponsor provided promotional materials included in athlete package Company name and logo on race shirts Company name and logo in race brochure Receive 1 race shirt | <input type="checkbox"/> BRONZE \$100 <ul style="list-style-type: none"> Company name on race shirts Company name in race brochure |
|---|--|---|---|---|

Sponsor Information

Company Name: _____

Primary Contact Name: _____ Shirt Size: S M L XL XXL

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Payment Information / Authorization

I will mail a check made payable to Paradigm Technology Consulting, LLC to 50 Millstone Rd, Bldg 400 – Suite 150, East Windsor, NJ 08520 with our sponsorship form. Our check in the amount of \$ _____ is enclosed.

Charge to my Credit Card
 AMEX
 VISA
 M/C

Credit Card Number: _____

Credit Card Expiration Date: _____ / _____ 3 or 4 Digit Code: _____

Card Holder Name: _____

Card Holder Billing Address: _____

Street: _____

City/State/Zip: _____

Signature

Authorized Signature: _____

Print Name: _____ Date: _____

By signing this agreement, I hereby authorize Paradigm Technology Consulting, LLC to charge the following products/services to my credit card number listed below. This information may be used for the below referenced purchase only.

This Section for Official Use Only

Date Sent for Approval: _____

Approval Code: _____

*Please complete and return via fax 609.890.4154 • email jpintinalli@ptcllc.com or mail to:
Paradigm Technology Consulting, LLC – 50 Millstone Rd, Bldg 400 – Suite 150 – East Windsor, NJ 08520*



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