

Palm Harbor Community Activity Center

Business Sponsorship Application

Business Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Contact: _____

Title: _____

Sponsorship Level: _____ Start Date: _____

Paid: \$ _____ Check #: _____ Date: _____

Description of Benefits:

Platinum Level \$ 3,000

Gold Level \$ 1,000

___ Room _____ Name _____	___ Health Fair Gold Sponsor (Oct 6)
___ Health Fair Gold Sponsor (Oct 6)	
___ News letter ad 1/8 page x 7 Months _____	___ Newsletter ad 1/8 page x 6 Months _____
___ Full page insert (month of _____)	___ Full page insert month of _____
___ One year Center membership	___ One year Center membership
___ 30% discount room rental date _____	___ 30% discount room rental date _____
___ Article in newsletter month of _____	___ Business Presentation date _____
___ Business Presentation date _____	

Silver Level \$ 500

___ Health Fair Booth (Oct 6)
___ News letter ad 1/8 page x 5 Months _____
___ Full page insert (month of _____)
___ One year Center membership
___ 20% discount room rental date _____
___ Business Presentation date _____
___ Article in Newsletter month _____

Signature Business Representative

Signature Community Center Representative

Attach camera ready copy for ad (please no staples or scotch tape):