

BRAZORIA COUNTY FAIR ASSOCIATION

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20___ SPONSORSHIP FORM

NAME YOU WISH TO APPEAR ON SPONSOR RECOGNITIONS _____

CONTACT NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL _____ PHONE _____

DONATION INFORMATION

AMOUNT/VALUE \$ _____

MONETARY IN-KIND

SPONSOR MAY DESIGNATE FUNDS TO A SPECIFIC ITEM OR TO THE GENERAL FAIR FUND.

GENERAL FAIR FUND SPECIFIC AWARD/DEPARTMENT/EVENT: _____

THE SPONSOR IS ELIGIBLE TO RECEIVE BENEFITS AND PRIVILEGES AS OUTLINED IN THE CURRENT SPONSOR OPPORTUNITIES.

I DO WISH TO RECEIVE BENEFITS/PRIVILEGES PROVIDED BY BCFA AND WILL PICK UP MY SPONSOR BAG FROM THE FAIR OFFICE DURING REGULAR BUSINESS HOURS BEGINNING SEPT 21.

I DO NOT WISH TO RECEIVE BENEFITS AND PRIVILEGES PROVIDED BY BCFA.

PAYMENT INFORMATION

INVOICE ME PAYMENT ENCLOSED - *checks made payable to BCFA*

CREDIT CARD - *must call or bring CC info to Fair Office during regular business hours*

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE TO PROVIDE PAYMENT AS STATED.

SIGNATURE **required* _____ DATE _____

THANK YOU FOR YOUR SUPPORT OF THIS GREAT TRADITION!

FOR OFFICE USE

DATE REC'D: _____ INVOICE #: _____ SOLICITOR: _____