



SPECIFIC SPONSORSHIP / ADVERTISING CONTRACT
For the 2019 Cochrane Fair and/or the Cochrane Classic Bull Riding

Please complete this form, scan it, and email to cochraneagsociety@gmail.com

Company Name _____
(Please print company name exactly as you wish it to be used for advertising)

Address: _____

Primary Contact: _____ (Please print)

Title: _____ Phone number: _____

Email: _____ Website: _____

Total sponsorship value: _____

Details of sponsorship / advertising package:

Please email logo in jpg format to cochraneagsociety@gmail.com

Authorization

I, as duly authorized representative of the company identified above, do hereby authorize the above listed sponsorship contribution for the 2019 Cochrane Fair and accept the decisions of the Fair Committee.

Authorized Representative's Signature _____ Date _____

Please print name _____ Phone number _____

Email _____