



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 CHROME Sponsorship Agreement \$500 TO \$999

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 | \$ _____ |
| | Cash - payment due on or before Sept 1 | \$ _____ |
| | Total Sponsorship | \$ _____ |

**Checks should be made payable to: Charleston Boulevard Rod Run & Doo Wop
 3305 Pennsylvania Ave.
 Charleston, WV 25302**

 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
- Opportunity to place trinket in Goody Bag
- Rail banner presentation – banner provided by sponsor; 3' x 10' w/ grommets for hanging

Sponsor Responsibilities:

- Timely payment
- Timely provision of logo/ads for publication
- Timely provision of materials for Goody Bags
- 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



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.