

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

GENERAL FAIR FUND SPECIFIC AWARD/DEPARTMENT/EVENT: 1) _____
2) _____
3) _____

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: PAYMENT ENCLOSED - checks made payable to BCFA.
 CREDIT CARD - Fair staff will call for your information.
 INVOICE ME - \$100 minimum - email is required and due upon receipt.

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 RECEIVED: _____ RECEIPT # _____ INVOICE#: _____ INVOICE DATE: _____ SOLICITOR: _____