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| --- | --- | --- | --- | --- | --- |
| Business | | |  | | |
| First Name | | |  | | |
| Last Name | | |  | | |
| Phone | | |  | |
| Email | | |  | | |
|  | | | | | |
| Sponsorship Level: | | | | | |
| □ | | Platinum $1500 | | | |
| □ | | Gold $1000 | | | |
| □ | | Silver $500 | | | |
|  | | | |  | |
|  | | | | | |
|  | □ I understand that my Business/Organization will be invoiced at the above address the sponsorship amount. **Or**  □ I have provided the following good/services to the value of the selected package\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ I accept that a copy of my Business/Organisation’s logo/branding will be used on MMCP’s promotional material for the performances named and in line with MMCP’s schedule of benefits. Will forward the business logo to MMCP at their e-mail address within a week of signing on as a sponsor.  □ I agree to be contacted in relation to further partnership opportunities. | | | | |