



Name(s) to be listed as Sponsors (Company or Personal):

Contact Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

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Please Choose a Sponsorship Level:

\$5,000 *The Centennial Circle* Presenting Sponsor Level _____

\$2,500 *The City Park* Sponsor Level _____

\$1,000 *The Monument* Sponsor Level _____

\$ 500 *The Bandstand* Sponsor Level _____

Payment is due in full at time of commitment.

Please return this form with your payment to:

LARAC
Attn: Stacy Bissell
7 Lapham Place
Glens Falls, NY 12804
(518) 798-1144 ext. 5
festivals@larac.org

MasterCard and Visa accepted.

Credit Card #: _____ MC _____ VISA _____

Expiration Date: _____ Three Digit V-Code _____

Name on Card _____

Cardholder's Billing Address: _____
