

**EXCALIBUR**



## Excalibur Cup 2012 – Corporate Corporate Sponsorship / Vendor Agreement

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Sponsorship / Vendor Package:	Quantity	Extended Price
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL SPONSORSHIP / VENDOR AMOUNT:** \_\_\_\_\_

Payment Method: MC/ (Circle One)  
Check # \_\_\_\_\_ OR VISA # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Security code on back: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Address for card: \_\_\_\_\_

Make Checks Payable to: **EXCALIBUR**

Attached is a copy of your agreed upon sponsorship / vendor purchase. Purchaser agrees to the terms proposed terms via: Sponsorship / Vendor Packages. Pictures cannot be returned. By signing below, purchaser agrees to submit all payments and artwork no later than Saturday, February 4, 2012 to Excalibur Gymnastics, attention Rachel Grass or fax the form, pictures and credit card information to: 757-499-8451. Attn: Rachel Grass

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE