



Sponsorship Agreement

Sponsor Company Name: _____

Contact Person: _____

Phone: _____

E-Mail: _____

Sponsorship Selected: _____

Sponsorship Fee Amount \$ _____

Sponsorship Period - This agreement shall commence on December 3, 2021 and shall continue through December 5, 2021.

Payment

To pay by check, please complete the information below and an invoice will be mailed. If you would like to pay by credit card, please call the IBCA office @ (317) 293-2333.

Company Name: _____

Address: _____

City / State / Zip: _____