



Official Sponsorship Form

Derry Township Ag Fair Date: _____

Company Name: _____

Contact Person: _____

Company Address: _____

Phone#: _____

Sponsorship Pack Selection:

Please select one of the following

- Package 1 ____
- Package 2 ____
- Package 3 ____
- Package 4 ____
- Other Amount: _____

Please List Event to Sponsor (package 1-4)

PAYMENT IN FORM OF BUSINESS CHECK PLEASE NO CASH

PLEASE ENTER EXACT AMOUNT OF SPONSORSHIP _____

PAYMENT TO: DERRY TOWNSHIP AG FAIR OR D.T.A.F

PAYMENT IN THE FORM OF A CHECK (NO CASH PLEASE)

AMOUNT: \$ _____ CHECK#: _____

SPONSOR SIGNATURE: _____ DATE _____

FAIR REPRESENTATIVE: _____

SHARI WRIGHT 724-261-7500