



Essex Corinthian Yacht Club Cross Sound Challenge 2019

Sponsorship Opportunities

ECSA Points Regatta on September 21st, 2019

Essex Corinthian Yacht Club
PO Box 759, Essex CT 06426

Telephone: (860) 767-3239

Office: ecyc@essexcorinthian.org

Regatta: racechair@essexcorinthian.org

Sponsorship Levels: \$200 GOLD \$150 SILVER \$100 BRONZE

Recognition Benefits

- Logo/name displayed on event poster
- Recognition in event-related press releases
- Logo/name on ECYC website (Cross Sound Challenge page)

Event Recognition & Benefits

- Mention of company/member participation at Post-Race Party
- Tickets to Post-Race Party (\$200: 3 tickets; \$150: 2 tickets; \$100: 1 ticket)

Sponsorship Level: \$500 DIAMOND \$300 PLATINUM

Recognition Benefits

- Logo/name displayed on event poster
- Recognition in event-related press releases
- Logo/name on ECYC website (Cross Sound Challenge page)

Event Recognition & Benefits

- Mention of company/member participation at Post-Race Party
- Tickets to Post-Race Party (\$500: 5 tickets; \$300: 4 tickets)
- One (1) company banner displayed at Post-Race Party (sponsor to provide banner)
- Recognition plaque

Please mail attached form and payment by Sept. 1st, 2019 to:
Essex Corinthian Yacht Club, Attn: Cross Sound Challenge 2019
PO Box 759, Essex CT 06426
Tel: (860) 767-3239 Email: ecyc@essexcorinthian.org



Sponsor Commitment Form

- Diamond Sponsor (\$500)
- Platinum Sponsor (\$300)
- Gold Sponsor (\$200)
- Silver Sponsor (\$150)
- Bronze Sponsor (\$100)

Sponsor Information:

Company Name (if applicable): _____

Contact Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Signature: _____ Date: _____

Please note, in order to honor all print- and PR-related sponsor benefits, we must receive your signed contract, payment and logo (jpg format) no later than September 1st, 2019.

Payment Options:

I am enclosing a CHECK payable to The Essex Corinthian Yacht Club for \$ _____.

Please INVOICE me/my company for \$ _____.

I am an ECYC Member; please charge my account for \$ _____.

Please charge \$ to my CREDIT CARD: (Circle One) VISA • MasterCard

Card Number: _____

Card Member Name: _____

Exp. Date (m/yr): ___/___ Security Code (3 digits on back): _____

Card Member's Signature: _____

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