



Sponsorship Application

October 8-10, 2021

Business Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Email: _____
Phone: _____

Platinum Sponsor	\$10,000	_____
Gold Sponsor	\$8,500	_____
Silver Sponsor	\$5,000	_____
Chrome Sponsor	\$3,000	_____
Rock Star Sponsor	\$1,750	_____
Chopper Sponsor	\$1,000	_____
Cruiser Sponsor	\$500	_____
Side Care Sponsor	\$250	_____
In-Kind Sponsor	Value of Donate Item: _____	_____
Description:	_____	_____

SPONSORSHIP DEADLINE: SEPTEMBER 13, 2021

Check, Cash, Credit Cards, and Payment Plans Accepted

Checks Payable to:

Farrell Cares, Inc.

6835 Commerce Ave

Port Richey, FL 34668

Please contact Tina or Kris at farrellcares@gmail.com / 727-271-6848 with questions.

Signature: _____ Date: _____