



Sponsorship Application

October 7-9, 2022

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 16, 2022

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: _____