

PROGRAM DEADLINE  
FRIDAY AUGUST 13

NEW ENGLAND DRESSAGE ASSOCIATION  
**2010 FALL DRESSAGE FESTIVAL**

DISPLAY DEADLINE  
SUNDAY SEPTEMBER 5

**SPONSORSHIP AGREEMENT**

Show Program will only include ads / sponsorships / donations which are received by the Program Deadline  
**No announcement at distribution or recognition in results for Agreements, award / product donations, banners, flyers received after Display Deadline**  
Donations, banners, flyers accepted and distributed at Fall Festival after September 1 only on special approval by Show Management

**FOR ITEMS INCLUDED IN SPONSORSHIP PACKAGE: CHECK THEM ACCORDINGLY AND INDICATE ZERO IN AMOUNT PAID**

SPONSORSHIP PACKAGES	Amount Paid
<input type="checkbox"/> \$5,000 Presenting Sponsor	<input type="text"/>
<input type="checkbox"/> \$3,500 Platinum Sponsor	<input type="text"/>
<input type="checkbox"/> \$2,500 Gold Sponsor	<input type="text"/>
<input type="checkbox"/> \$1,000 Silver Sponsor	<input type="text"/>
<input type="checkbox"/> \$500 Bronze Sponsor	<input type="text"/>

CLASS & CHAMPIONSHIP SPONSORSHIPS	Amount Paid
Pay one fee for each	
<input type="checkbox"/> \$50 Open Class	<input type="text"/>
<input type="checkbox"/> \$200 IBC Class	<input type="text"/>
<input type="checkbox"/> \$250 Championship	<input type="text"/>
<input type="checkbox"/> \$250 CDI Class (non Grand Prix)	<input type="text"/>
<input type="checkbox"/> \$500 Grand Champion (Breed)	<input type="text"/>
<input type="checkbox"/> \$500 CDI Grand Prix Class	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

VENDORS / BANNERS / FLYERS / TABLE SEATING	Amount Paid
Pay one fee for each	
<input type="checkbox"/> \$400 Vendor Space (10'x10')	<input type="text"/>
<input type="checkbox"/> \$200 Banner / Flyers (Each)	<input type="text"/>
<input type="checkbox"/> \$600 Table for 8 in VIP Seating	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

<b>TENT</b> (provided and erected by Fall Festival / with sides)	
<input type="checkbox"/> \$200 10' x 10'	<input type="checkbox"/> \$350 10' x 30'
<input type="checkbox"/> \$275 10' x 20'	<input type="checkbox"/> \$400 10' x 40'

PAYMENT	Amount Paid
Sponsorship Package	<input type="text"/>
Program Advertising	<input type="text"/>
Class / Championship	<input type="text"/>
Vendor/Banner/Flyers/Table	<input type="text"/>
Tent	<input type="text"/>
Make Check payable to NEDA	<b>TOTAL</b> <input type="text"/>
<input type="checkbox"/> Part of a NEDA Premier Sponsorship Package	

<b>CREDIT CARD PAYMENT</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number _____
Print Name on Card _____
Billing Street _____
Billing Town / State / Zip _____
Expiration Date _____ 3 Digit Security Code on back of card _____
Amount _____
Signature _____

PROGRAM ADVERTISING	Amount Paid
<input type="checkbox"/> \$50 Business Card 3 1/2" W x 2 1/2" H or 2 1/2" W x 3 1/2" H	<input type="text"/>
<input type="checkbox"/> \$150 Sixth Page 7 1/2" W x 1 1/2" H	<input type="text"/>
<input type="checkbox"/> \$250 Quarter Page 7 1/2" W x 2 1/2" H or 3 1/2" W x 4 1/2" H	<input type="text"/>
<input type="checkbox"/> \$350 Half Page 7 1/2" W x 4 1/2" H or 3 1/2" W x 10" H	<input type="text"/>
<input type="checkbox"/> \$500 Full Page 7 1/2" W x 10" H	<input type="text"/>
<input type="checkbox"/> \$750 Inside Cover 7 1/2" W x 10" H	<input type="text"/>
<input type="checkbox"/> \$1,000 Outside Cover 7 1/2" W x 10" H	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

Submit ad "camera ready" in digital .pdf format / 300 resolution  
Send ad copy to Beth Jenkins / 63 Western Avenue / Sherborn MA 01770  
Phone: 508.655.6490 / Fax: 508.655.3456 / email: bjenkins@ix.netcom.com

<b>DONATION OF AWARD(S) / PRODUCT</b> <input type="checkbox"/> Number Donated
_____
Description for Show Program
_____
Indicate which Class / Championship / High Score / Special Award
_____
Other _____
<input type="checkbox"/> Number Donated
_____
Description for Show Program
_____
Indicate which Class / Championship / High Score / Special Award
_____
Other _____
<input type="checkbox"/> Number Donated
_____
Description for Show Program
_____
Indicate which Class / Championship / High Score / Special Award
_____
Other _____

<b>CONTACT INFORMATION</b> Date _____
Name and either City / State or website to use in Show Program _____
Contact _____
Business Name _____
Street _____
City / State / Zip _____
Telephone _____ Fax _____
Email _____
Website _____

Mail this Sponsorship Agreement white copy (retain yellow copy for your records) and ship product, flyers, donations to:

**Jane Sheehan 600 South Main Street Mansfield MA 02048**

Phone: 508.339.6209 Fax: 508.339.7116 Email: dqjane@aol.com