



2018 CORPORATE SPONSORSHIP FORM

Please Type or Print Clearly / Complete and return this form along with selected payment option below

COMPANY

CONTACT NAME

MAILING ADDRESS

PHONE | MOBILE

EMAIL | FAX

We agree to purchase the following Sponsorship Package(s):

SPONSORSHIP AMOUNT:

GST (5%):

TOTAL SPONSORSHIP AMOUNT:

We agree to a 3-year sponsorship at the same price per year

We agree to a 1-year sponsorship (prices may increase year to year)

Authorized Name | Title

Authorized Signature | Date

Registration & Payment Options :

Cheque: Payment payable to **"City of Lethbridge."**

Mail to: 2510 Scenic Drive S Lethbridge AB T1K-1N2

Fax to: (403)327-3620

Credit Card: Please complete below information and email completed form to wes.chapman@lethbridge.ca

VISA or MC | Name on Card

Credit Card Number | 3 Digit Code | Exp. Date

NOTE: Payments must be received no later than May 11, 2018 to receive complete benefits package

For additional sponsorship information, please contact:

Wes Chapman - Sponsorship Chair

wes.chapman@lethbridge.ca - (403)320-4245

THANK YOU!