



2025 ICE SHOW FULL COLOR PROGRAM SPONSORSHIP AGREEMENT

Sponsor Information (please print or type)

Date: _____

Name _____

Billing address _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Name of Salesperson/Skater here: _____

Write Copy/Dedication here, attach another sheet if required: (please print or type)

Image Information (Check one):

- Image attached Image e-mailed to potata68@gmail.com
 No Image needed Use Photo Shoot Image - Name on order form: _____

Sponsorship Rates (Check one):

- Full Page (\$120) 1/2 Page (\$60) 1/4 Page (\$40)
 1/8 Page/Bus. Card (\$25) Booster of the Sport (\$5) Name/Family: _____

Payment Information:

- Check Total: _____ Cash Total: _____

For Questions contact: Julie McCarthy - e-mail potata68@gmail.com

Please make checks payable to:

Dearborn Figure Skating Club
14900 Ford Road
Dearborn, MI 48126

DEADLINE FOR ALL SPONSORSHIP CONTRACTS: SATURDAY April 12th 2025