



**PHILOMATH YOUTH ACTIVITIES CLUB**

P.O. Box 1358 • 421 S. 19th St.  
(541) 929-4040 ph. • (541) 929-4281 fx.  
Philomath, OR 97370

**SPONSORSHIP AGREEMENT**

**NAME OF BUSINESS:** \_\_\_\_\_

**YEAR OR SEASON OF SPONSORSHIP:** \_\_\_\_\_

**FORM OF SPONSORSHIP:**

- |                                                               |                                                                             |
|---------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Athletic Team (\$500)                | <input type="checkbox"/> Clemens Clubhouse (1 child/year - \$400)           |
| <input type="checkbox"/> Promise Keeper Club (\$1,500)        | <input type="checkbox"/> Fun in the Sun Field Trip (\$600)                  |
| <input type="checkbox"/> Safety Town (Car \$200, House \$400) | <input type="checkbox"/> Annual Fund Dinner (Presenting TBD; Table \$1,000) |
| <input type="checkbox"/> Athletic Fees (1 child/year - \$250) |                                                                             |
| <input type="checkbox"/> Other: _____                         |                                                                             |

**METHOD OF PAYMENT:**

In Full \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

**SPECIAL COMMENTS OR INSTRUCTIONS** (shirt and/or print color, logo, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Please return this form, along with your sponsorship fee, to the PYAC office. Checks can be made payable to PYAC.

*Please keep a copy of this form as your receipt for tax purposes (Tax ID: 93-1127754).*

Contact for Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_