

CEDAR PARK HIGH SCHOOL Timberwolf Band

CPHS Band Boosters
1420 Cypress Creek Rd
Ste 200-302
Cedar Park, TX 78613

Corporate Sponsor Commitment & Invoice Form for Sponsorship Year 2016 ending Dec 31, 2016

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Email: _____

The Patron of the Band \$10,000+ Sponsorship Level

Sponsor benefits as negotiated with band boosters

Maestro \$5,000 - \$9,999 Sponsorship Level

Band appearance at company event	100 x 250 pixel fixed ad on homepage
Company name on trailer (5 inch high letters – max 24)	100 x 250 pixel fixed ad on sponsor page
Opportunity to conduct band	Tax receipt
Full page ad in concert programs	
Appreciation plaque with 11 x 14 photo of band	

Director \$3,000 - \$4,999 Sponsorship Level

Band appearance at company event	100 x 250 pixel ad rotating on homepage
Company name on trailer (3 inch high letters – max 24)	100 x 250 pixel ad fixed on sponsor page
Opportunity to conduct band	Tax receipt
1/2 page ad in concert programs	
Appreciation plaque with 8 x 10 photo of band	

Drum Major \$1,500 - \$2,999 Sponsorship Level

1/4 page ad in concert programs	Tax receipt
Appreciation plaque (no photo)	
100 x 250 pixel ad rotating on homepage	
100 x 250 pixel ad fixed on sponsor page	

Section Leader \$1,000 - \$1,499 Sponsorship Level

1/8 page ad in concert programs	Tax receipt
Framed certificate of appreciation	
100 x 250 pixel ad fixed on sponsor page	

Musician \$500 - \$999 Sponsorship Level

Listing in concert programs	Tax receipt
Framed certificate of appreciation	
Listing on sponsor page	

Supporter \$250 - \$499 Sponsorship Level

Listing in concert programs	Tax receipt
Paper certificate of appreciation	
Listing on sponsor page	

Method of Payment:

Cash

Check # _____ (Payable to CPHS Band Boosters)

In Kind Goods or Services _____

Pay from this invoice to:

CPHS Band Boosters
Attn: Sponsorship Committee
1420 Cypress Creek Rd, Ste 200-302
Cedar Park, TX 78613

The CPHS Band Boosters is a 501(c)3 tax-exempt organization.

Total Due \$ _____

Paid Today \$ _____

Date: _____

Authorized _____

Signature: _____

Band Booster: _____ Phone: _____ Date: _____

Check this box if additional information is included on reverse side of this form. 100730