



Kennesaw Mountain High School Mustang Football Booster Club

PO Box 688
Kennesaw, Georgia 30156
www.kmhmustangfootball.com

Corporate/Restaurant Sponsor Package Reservation Form

Sponsor/Advertiser Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone#: _____

E-mail: _____ Website URL: _____

The KMHS Football Booster Club Inc. is hereby authorized to display our advertisement either in the stadium and/or in the Annual Souvenir Football Program/Media Guide as outlined below. By authorizing this sponsorship, I agree to pay the full cost of the sponsorship within 30 days of this agreement. I also agree to furnish the KMHS Football Booster Club with all logos, artwork and/or copy in a timely manner, but no later than July. Preferred formats for graphics files are: pdf, jpg, ai, or eps files. MS Word and Publisher files are also acceptable. (Please contact Devan Seabaugh at mustangfootball@comcast.net for further questions about artwork) In addition, I/we will not hold KMHS Football Booster Club responsible for quality of Ad production if I have not complied with the requirements as stated herein. Please consider each sponsor program and select the one(s) that best fit your support level(s) and advertising needs.

KMHFSBFC is a 501(c)(3) organization. Our tax ID # is 58-2536788 and our Charity code is 100246379.

Sponsors Signature: _____ Date _____

All graphics/artwork/logos should be e-mailed directly to mustangfootball@comcast.net

**Checks should be made payable to
KMHS Football Booster Club
P.O. Box 688 Kennesaw, GA 30156**

Select Your Level of Participation

Check All That Apply

Restaurants

____ \$2,500 Premier Corp Sponsor

____ \$500 Silver Corp Sponsor

____ Tailgate Sponsor

____ \$1,500 Platinum Corp Sponsor

____ \$400 Player Sponsor

____ Pre Game Meal

____ \$1,000 Gold Corp Sponsor

____ \$350 Corporate Banner Sponsor

____ Post Game Meal

Total:

Please provide appropriate artwork at time of application

\$ _____

(KMHS Booster Club)

Booster Representative Contact Information:

Name: _____ Daytime Phone: _____

Cell Phone: _____ Date: _____