

2010 HBASE Sponsorship Contract



Please check () the boxes of sponsorship, donation or partnership that your company would like to be a part of in 2010. Sponsorship contracts can be mailed (6904 S. Lyncrest Pl., SF, SD 57108), faxed (605-361-8329) or emailed (Lisa@hbasiouxempire.com) back to the HBASE office.

Consumer Events:

	GOLD	SILVER	BRONZE
() Home Show™		<input type="checkbox"/>	<input type="checkbox"/>
() Parade Of Homes™		<input type="checkbox"/>	<input type="checkbox"/>
() Showcase of Remodeled Homes™		<input type="checkbox"/>	<input type="checkbox"/>

Educational Events:

	GOLD	SILVER
() Bus Tour \$ _____		
() Product Show	<input type="checkbox"/>	<input type="checkbox"/>

Member-to-Member Events:

() Member Appreciation Breakfast \$ _____

() Repair Affair Day \$ _____

Partnership Opportunities:

() Sioux Empire Green Build \$ _____

Social Events:

() Dakota Dunes Golf Outing \$ _____

() Golf Outings — 5 events \$ _____

() Holiday Gala \$ _____

() Sporting Clay Challenge \$ _____

Fundraisers:

() Golf Classic \$ _____

Other Opportunities:

() In-Kind Donation \$ _____

() Cash Donation \$ _____

() Home Builders Care Foundation* \$ _____

*501c3 charitable foundation created which supports scholarships, Tools for Schools, community service projects, etc.

GENERAL CONDITIONS AND DEADLINES

To submit your sponsorship and/or partnership request, please complete and return this contract to HBASE as soon as possible. This agreement is between the Home Builders Association of the Sioux Empire (HBASE) and the company named below. The company named below seeks to be a 2010 sponsor for _____ (event). The company agrees to pay HBASE a sponsorship fee in the amount of \$ _____ for this privilege. The company agrees to remain a member in good standing of HBASE for the duration of this sponsorship contract. Sponsors from the 2009 event have the first option to sponsor the same event/item again. Cancellation requests must be made in writing. Payment of the sponsorship fee should be made to HBASE, 6904 S. Lyncrest Place, Sioux Falls, SD 57108.

Please Check One: Payment enclosed Please bill me

Interested in an installment plan (sponsorship fee can be paid in "4" equal installments)

Credit Card - Account # _____ Exp. Date _____
(Visa, Master Card or Discover Only)

Signature _____ Card Billing Zip Code _____ (required)

I accept the terms of this sponsorship contract and authorize to sponsor as described above.

Contact Name: _____ Company: _____

Ph: () _____ Fax: () _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

AUTHORIZED SIGNATURE _____ DATE _____