

EPHRATA HIGH SCHOOL MARCHING UNIT

2010 SHOWCASE OF BANDS Competition

October 23, 2010

Trophy Reservation Form

Sponsor a trophy or trophies at **SHOWCASE OF BANDS!**
Corporate, Parent, Family/Individual Sponsors Welcome
FIRST – SECOND – THIRD PLACE TROPHIES
SPECIALTY AWARDS: Drum Major, Percussion, and Auxiliary

Sponsorships include listing in **SHOWCASE OF BANDS** Program Booklet, announcement at stadium awards ceremony and small label on trophy. Sponsor may elect to have a representative(s) at awards ceremony to present their trophy(s) to receiving band.

TROPHY SPONSORSHIP COSTS:*

FIRST PLACE:	\$75.00 each (Maximum # needed – 4)
SECOND PLACE:	\$60.00 each (Maximum # needed – 4)
THIRD PLACE:	\$50.00 each (Maximum # needed – 6)
SPECIALTY AWARDS:	\$35.00 each (Drum Major/Percussion/Auxiliary -Max # - 4 each)

***NOTE:**

- Number of trophies available for sponsorship depends on the number of bands participating in each of the 4 possible groups.
- Sponsorship assigned on a first come basis per date the reservation form is received.
- Finalization of number of trophies needed may not be known until the beginning of September, 2010. Sponsors will be contacted as soon as possible to confirm availability and will be billed accordingly prior to competition date.
- Payment will be needed prior to competition date.

PLEASE RETURN BOTTOM PORTION OF FORM IF INTERESTED

YES – I (We) are interested in being a sponsor of a 2010 **SHOWCASE OF BANDS** Trophy and are interested in sponsoring the following trophy(s):

<input type="checkbox"/> FIRST PLACE:	Total # to sponsor: _____	x \$75 ea. = Total Cost: \$_____	
<input type="checkbox"/> SECOND PLACE:	Total # to sponsor: _____	x \$60 ea. = Total Cost: \$_____	
<input type="checkbox"/> THIRD PLACE:	Total # to sponsor: _____	x \$50 ea. = Total Cost: \$_____	
<input type="checkbox"/> SPECIALTY:	_____ Drum Major _____ Percussion _____ Auxiliary		
	Total # to sponsor: _____	x \$35 ea. = Total Cost: \$_____	
		TOTAL COST: \$_____	

Sponsor Name: _____
 Corporate/Business Band Parent/Family Member Individual Other _____

Address: _____

City/State/Zip: _____

Phone #: Daytime: _____ Evening: _____

Contact Person: _____ Signature/Date: _____

Email: _____

EHSMU Band Member is responsible for returning this form to Randy Goshert, Trophy Committee Chairperson
PLEASE DO NOT SUBMIT PAYMENT WITH THIS FORM. PAYMENT IS DUE WHEN SPONSORSHIP IS CONFIRMED.