



SPONSORSHIP AGREEMENT

May 14-15, 2021

Company/Sponsor Name: _____

Mailing Address: _____ Parish _____ Postal Code _____

Contact Name: _____ Contact Number: _____

Email: _____

PLEASE SELECT SPONSORSHIP LEVEL:

- Platinum Sponsor:** \$25,000
 Team Name: _____
 Title of 30 minute highlighted event: _____
 Title and desc. of themed lap: _____
- Ceremony Sponsor:** \$15,000
 Team Name: _____
 Title of 20 minute highlighted event: _____
 Title and desc. of themed lap: _____
- Relay Sponsor:** \$10,000
 Team Name: _____
 Title of 10 minute highlighted event: _____
 Title and desc. of themed lap: _____
- Entertainment/Activity Sponsor:**..... \$5,000
- Lap Sponsor:**..... \$2,500
- Banner Sponsor:**..... \$1,000
- Logo Sponsor:**..... \$500

DEADLINE: To receive sponsorship agreements and associated fee by April 1, 2021, to secure inclusion in promotional materials.

PAYMENT INFORMATION:

- Direct Deposit:** Direct Deposits can be made to *Bermuda Cancer and Health Centre* either in **US Dollars:** BNTB Account No. 20-006-840-011607-100 **OR** HSBC Account No. 006048482511 **BDA Dollars:** BNTB Account No. 20-006-060-372314-200 **OR** HSBC Account No. 006-048482-011 PLEASE BE SURE TO MAKE THE NOTATION "RELAY FOR LIFE SPONSOR"
- Cheques:** Cheques can be made payable to *Bermuda Cancer and Health Centre*.
- Credit Cards or Cash:** For credit card or cash payments, please email us at finance@chc.bm for instructions.

Print Name: _____

Signature: _____ Date: _____

Please send this form, along with payment choice, to Bermuda Cancer and Health Centre
Attn: Relay for Life
P.O. Box 1562, Hamilton HM FX

For more information and to email logos and text please contact sponsorshipcommittee@bermudarelay.com

To enter a team, volunteer or learn more email relayforlife@chc.bm or visit

BermudaRelay.com f i t

