



SPONSORSHIP AGREEMENT

BUSINESS NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

Sponsorship Options:

Initial Selection(s.) All options are for a 1-year agreement.

Stadium Sign – Front	\$1000	
Stadium Sign – Back	\$500	
Triangle Field Sign (Athletic Department Sponsor)	\$1500	
Red Devil Tunnel Sign	\$250	
Devil Walk Sign	\$400	
Game Day Sponsor - per game	\$50 X _____ game(s)	
Program Ad – Full Page	\$150	
Program Ad – ½ Page	\$75	
24x24 Sign	\$150	

Total Amount Due: _____

**** Stadium Sign and Triangle Field Sign sponsors receive Game Day recognition as an additional benefit ****

All information must be received no later than July 14, 2019 and must be paid in full by that date to guarantee placement of your signs. Artwork should be emailed to Katie Farmer at kf.lhs.football@gmail.com Please contact Katie with any questions.

Sponsorship Secured by: _____

Payments can be mailed to:
 Loganville Touchdown Club
 P.O. Box 2894
 Loganville, Georgia 30052

Sponsor Signature: _____ Date: _____