

**AASP-MA ANNUAL "CLAMBAKE EVENT"  
 SEPTEMBER 30, 2016 at 5:45PM  
 Polish American Club-Feeding Hills, MA**

SPONSORSHIP FORM

Company: \_\_\_\_\_ AASP/MA Member (Y/N): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**AVAILABLE SPONSORSHIPS**

<p align="center"><b>Gold Sponsorship- \$500</b></p> <ul style="list-style-type: none"> <li>• Company name and logo on all publicity</li> <li>• Company logo on cover of prize brochure             <ul style="list-style-type: none"> <li>• Company banner display</li> </ul> </li> <li>• Picture published in NEAR and Damage Report             <ul style="list-style-type: none"> <li>• <b>Two complimentary tickets</b></li> </ul> </li> </ul>	<p align="center"><b>Silver Sponsorship- \$300</b></p> <ul style="list-style-type: none"> <li>• Company name listed on prize brochure             <ul style="list-style-type: none"> <li>• Company banner display</li> <li>• Company announcement</li> <li>• <b>One complimentary ticket</b></li> </ul> </li> </ul>
<p align="center"><b>Bronze Sponsorship- \$200</b></p> <ul style="list-style-type: none"> <li>• Company name listed on prize brochure             <ul style="list-style-type: none"> <li>• Company banner display</li> <li>• Company announcement</li> </ul> </li> </ul>	
<p align="center"><b>Shop Owner Sponsorship</b></p> <p>Donate a gift and we will draw one name for all the owners in attendance. Prizes include: I-CAR classes, spray guns, masking machine, etc. Or donate approximately 35 items and present your gift personally to each shop owner. Your company will be announced during the presentation and your company name will be listed in the prize brochure.</p>	<p align="center"><b>General Raffle Prize Sponsorship</b></p> <p>Donate a raffle prize (or two) and your company will be listed in the prize brochure. All donations will be announced with your company name during the raffle. In years past prizes included: TV, gas grills, copy machines, golf bags or apparel, etc.</p>

**TYPE OF SPONSORSHIP:** \_\_\_\_\_

**PAYMENT INFORMATION**

CC#: \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_

CID: \_\_\_\_\_ (4 #s on front of AMEX, 3 on back of Visa/MC/DISC)

BILLING ADDRESS: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\*Please complete this form and email to [ckane@aaspma.org](mailto:ckane@aaspma.org) or fax to 617-695-0173.

**If you have any questions, please give us a call at 617-574-0741.**