

## **MARTIN COUNTY FAIR** & Youth Livestock Show

## **PARTNERSHIP APPLICATION**

(Please complete this form and return with your partnership amount.)

I would like to	support"N	ly Fair Garde	en":				
□ \$1,000 +	□ \$500+	□ \$250+	□ \$100 +	□ \$Other			
Company/Organization Name:Date:							
Contact Name:							
Tel:			C	ell:			
Address:							
City:				State:		Zip:	
Email:							
In consideration of booth waive any and all rights a injuries suffered by any photographs, video tapes Show.	and claims for dar person(s) or prop	nages I may have again erty. Further, I hereby §	st the Martin County grant full permission	Fair Association, Inc., t to the event organizers	heir represes and/or othe	ntatives, successors, a er agents authorized	and assigns for any and all by them to use
Signature of Sponsor				Date			
		Pay	ment Au	thorizatio	n		
Payment Metl	hod: □Vis	sa □ MasterC	ard □Ame	rican Express	□ Che	ck#	🗆 Cash
Credit Card Number:				Exp. Date:			
Name on as it app	ears on the (	Credit Card:					
Amount Approve	d for Paymen	t\$	]	Billing Zip Code:_		Security	Code:
Authorized Signatu	re for CC Paym	ent:					

Make checks payable to: Martin County Fair Association, Inc.

 $Your\ Partnership\ Amount\ is\ Tax-Deductible$