



# MARTIN COUNTY FAIR & Youth Livestock Show

## PARTNERSHIP APPLICATION

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

**I would like to support the Martin County Fair & Youth Livestock Show:**

\$25,000     \$10,000     \$5,000     \$2500     \$1000     \$\_\_\_\_\_ Other

Company/Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**\*Please describe any giveaways or promotions your company/organization will conduct during the fair:**

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**Please provide the fair office with your banner/logo for display/inclusion on our website and advertising if applicable.**

In consideration of booth space or static display, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, employees and administrators, waive any and all rights and claims for damages I may have against the Martin County Fair Association, Inc., their representatives, successors, and assigns for any and all injuries suffered by any person(s) or property. Further, I hereby grant full permission to the event organizers and/or other agents authorized by them to use photographs, video tapes, recordings, or other records of this event for legitimate reasons; I agree to abide by the rules of the Martin County Fair & Youth Livestock Show.

\_\_\_\_\_  
*Signature of Sponsor*

\_\_\_\_\_  
*Date*

## Payment Authorization

**Payment Method:**     Visa     MasterCard     American Express     Check# \_\_\_\_\_     Cash

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on as it appears on the Credit Card: \_\_\_\_\_

Amount Approved for Payment \$ \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

*Authorized Signature for CC Payment:* \_\_\_\_\_

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

*Your Partnership Amount is Tax-Deductible*