



SPONSORSHIP FORM

Sponsor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Level of Participation:

- | | | | |
|---------------------------------|---------|---------------------------------------|---------|
| <input type="checkbox"/> Gold | \$5,000 | <input type="checkbox"/> Flight | \$250 |
| <input type="checkbox"/> Eagle | \$2,500 | <input type="checkbox"/> Air Crew | \$25 |
| <input type="checkbox"/> Ace | \$1,000 | | |
| <input type="checkbox"/> Airman | \$500 | <input type="checkbox"/> Other Amount | \$_____ |

In Kind Donation: _____ Value: _____

Method of Payment:

- Check enclosed Please bill me
-

Send or Fax Form to:

2010 Golden West Regional Flyin & Airshow
c/o YUBA COUNTY AIRPORT
1364 Sky Harbor Drive
Olivehurst, CA 95961

530/741-6463 fax 530/742-7835
www.goldenwestflyin.org