



St. Croix Yacht Club Hospice Regatta

Sponsored Trophy Contract

Name of Trophy: _____
 Sponsor Name on Trophy (if different): _____
 Category of Trophy: _____
 To be displayed at: _____

Sponsorship Amount and Payment Schedule

\$ _____ over _____ years, beginning _____ and ending _____
 at \$ _____ the first year, \$ _____ the second year, \$ _____ the third year
[add variations as needed]

Purchase of Trophy Items

Perpetual trophy purchased by: _____ Sponsor _____ Hospice Regatta
 Annual keeper trophy purchased by: _____ Sponsor _____ Hospice Regatta

Allocation of Funds (Choose one)

_____ To be allocated as normally done for this Hospice Regatta
 _____ To be allocated as follows:

Payment Schedule

<u>Amount</u>	<u>Date Paid</u>	<u>Balance Due</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Sponsor Privileges

The trophy sponsor may name the trophy, designate how the donated funds are allocated, decide where the trophy will be displayed between regatta dates, choose or advise on the trophy items and, if trophy is to be awarded for racing, work with the Race Committee to choose the award category. The trophy sponsor will receive St. Croix Yacht Club Hospice Regatta recognition and privileges as determined by the St. Croix Yacht Club Hospice Regatta.

Conditions of Presentation

The sponsor will have the right to speak at the trophy awards ceremony and to present the Keeper Trophy to the trophy winner. The sponsor will may continue sponsorship of this award category beyond this contract period on a year-to-year basis, with the agreement of the St. Croix Yacht Club Hospice Regatta.

Name of Sponsor: _____

Signature: _____ Date: _____

Title: _____ Firm: _____

Address: _____

St. Croix Yacht Club Hospice Regatta

Representative: _____ Date: _____

Signature: _____ Date: _____