

MAIL TO:
WJHS Band Parent's Association
PO Box 53
Smithfield, NC 27577

**West Johnston High School Band
Friends of the Band-Sponsorship Form
2009-10**

Company Name: _____
Address: _____
Contact Person: _____ **Phone #** _____
Email Address: _____ **Fax#:** _____

Our company will sponsor the WJHS band program at the following level(s).

\$2,500.00 Maestro Level

Sponsorship sign on our trailer
Sponsorship sign at the West Invitational and West Winterfest.
A full-page program ad at the West Invitational and West Winterfest.
Admission for 10 to the West Invitational and West Winterfest.
Trophy sponsorship at the West Invitational and West Winterfest events.

Invitation to our Director's Reception.
Hole sponsorship at our annual golf tournament.
Recognition in our programs at all other West Band Program events.
Listing on our webpage.
Recognition plaque

\$1,000.00 Symphony Guild

Invitation to our Director's Reception.
Trophy sponsorship at West Invitational and West Winterfest.
A quarter page ad in the West invitational and West Winterfest programs.
Admission for 4 at West Invitational and West Winterfest.

Hole sponsorship at our annual golf tournament.
Recognition in our programs at all other West Band Program events.
Listing on our webpage
Recognition plaque

\$500.00 Performing Artist

A quarter page ad in the West invitational and West Winterfest programs.
Admission for 2 at West Invitational and West Winterfest.

Hole sponsorship at our annual golf tournament.
Recognition in our programs at all other West Band Program events.
Listing on our webpage.
Certificate of Appreciation

\$250.00 Principle Player

A quarter page ad in the West invitational and West Winterfest programs.
Recognition in our programs at all other West Band Program events.

Listing on our webpage.
Certificate of Appreciation

\$100.00 First Chair Sponsor

Listing on our webpage.
Certificate of Appreciation

Up to \$100.00 Friend of the Band

Letter of appreciation
Listing on our webpage.

Total Due \$ _____

Method of Payment:

Check (#: _____) *(Payable to WJHS BPA)*

Received in Mail (Date: _____)

*Submit this form to the address
at the top of this page*