

**Legacy on the Lake
Lakefest
Legacy Brain Foundation**



Ultimate Stage Sponsor \$20,000

Seating in the VIP area
VIP party
10 VIP tickets
VIP parking
20 general admission tickets
2 banners with company name and logo on the STAGE

Legendary Silver Sponsor \$7,000

Seating in the VIP area
VIP party
4 VIP tickets
VIP parking
8 general admission tickets
2 banners at the event with company name and logo

Ultimate Silver Sponsor \$4,000

Seating in the VIP area
VIP party
4 VIP tickets
VIP parking
6 general admission tickets

Legendary Platinum Sponsor \$9,000

Seating in the VIP area
VIP party
8 VIP tickets
VIP parking
10 general admission tickets
2 banners at the event with company name and logo

Ultimate Platinum Sponsor \$6,000

Seating in the VIP area
VIP party
4 VIP tickets
VIP parking
6 general admission tickets
2 banners at the event with company name and logo

Platinum Sponsor \$3,000

Seating in the VIP area
VIP party the night of the event
2 VIP tickets
VIP parking
4 general admission tickets

Legendary Golden Sponsor \$8,000

Seating in the VIP area
VIP party
6 VIP tickets
VIP parking
8 general admission tickets
2 banners at the event with company name and logo

Ultimate Golden Sponsor \$5,000

Seating in the VIP area
VIP party
4 VIP tickets
VIP parking
6 general admission tickets
2 banners at the event with company name and logo

Golden Sponsor \$2,000

Seating in the VIP area
VIP party
2 VIP tickets
VIP parking
1 general admission ticket

Silver Sponsor \$1,000

Seating in the VIP area
VIP party
2 VIP tickets
VIP parking

Contract Information

Name of Company, Foundation, or Individual (Sponsor): _____

Name of Contact Person: _____ E-Mail: _____

Street: _____ City: _____ State: _____ Zip: _____

Ticket Delivery Name and Address: _____

Phone Numbers: Wk: _____ Home: _____ Cell: _____

Name of Sponsor as it should be listed on all printed materials: _____

ALL ARTWORK OR LOGOS NEED TO BE SUMMTTED BY: May 31

I am unable to attend, but I wish to make a contribution: _____

Billing & Payment Information

Amount of Contribution: \$ _____ Full Payment Enclosed Please Send Me An Invoice

My Check Made Payable to Legacy Brain Foundation Is Enclosed Please Bill My Credit Card

Card Holder's Name: _____ City, State, & Zip: _____

MC Visa Amex Discover

Card Number: _____

Expires: _____ Security Code (3 digit code on back): _____

Cardholder's Signature: _____

**Please return this copy of your contract to:
Shannon Funk
11226 Indian Trail
Dallas, TX 75229
972-406-5218**

(Banners to be provided by Companies)