SPONSORSHIP Packages Booking Form

WTC Sales Agent Name: _____

Last *First* *M.I.*

This above section is to be completed by Walk to Calvary Sales Admin. Sponsors please complete the below:

Sponsor Contact Information (Client):

Business Name:

Business Executive Name: _____

Last *First* *M.I.*

Today's Date: _____

Business Address: _____

Street address *Apt/Unit #*

Main Mobile Phone: _____

_____

Parish *Postal*

Email: _____

Sponsorship Campaign Details:

NOTE; If no start or end date is selected, it will commence and end with the current season by default.

Contract Start Date		Contract End Date (if any)		

Sponsorship Package (Select What You Desire):

- ☐ **TITLE SPONSOR**– [$25,000]
- ☐ **TIERS- Platinum Partner**– [$20,000]
- ☐ **TIERS- GOLD PARTNER -** [$15,000]
- ☐ **TIERS- SILVER PARTNER** [$7,500]
- ☐ **TIERS- COMMUNITY PARTNER** – [$3,000]
- ☐ **TIERS- DIGITAL PARTNER:** [$1,500]
- ☐ **VIP HOSPITALITY PARTNER GOLD** – [$2,500]
- ☐ **VIP HOSPITALITY PARTNER PREMIER** – [$5,000]
- ☐ **ULTIMATE WTC SWAG BAG INCLUSION** – [$500]
- ☐ **WEBSITE BANNER AD SPONSOR** – [$1,500]
- ☐ **SOCIAL MEDIA POSTS** – [$100]
- ☐ **WEB ONLINE MARKETPLACE DEALS/LISTINGS** – [$500]
- ☐ **VENDORS AT EVENTS**– [$250]
- ☐ **EVENT SPONSORSHIP** –STARTS AT [$1,500]

Create your Own Package: None of the packages suit your business? No worries, complete the information below and an executive sales member will setup a meeting and give you a quote.

PLEASE ADD YOUR SPECIFIC DETAILS/REQUESTS OF WHAT YOU WANT AND BUDGET BELOW, IF YOU WANT YOUR EMAIL, SOCIAL MEDIA PROMOTIONS, MARKETPLACE ADS, BANNERS ETC TO GO OUT AT A SPECIFIC TIME, YOU MUST INDICATE BELOW OR IN WRITING WITH 2 WEEKS BEFORE SCHEDULE ;

NOTE: Please submit all High Resolution logos, banners, graphics and media by email to our INFO@walktocalvary.bm email. Please add us to your safe sender list.

Payment Information:

PAY ON OUR WEBSITE PORTAL https://walktocalvary.bm/ OR

ONLINE PAYMENTS: Clarien Bank Limited
A/C: *6000 309723* BMD
Reference: (Your Name/Purpose of Payment)

FOR USD WIRES:
Intermediary Bank: Wells Fargo Bank, N.A. New York, NY 10001
SWIFT: PNBPUS3NNYC
ABA # 026005092

Beneficiary Bank: *Clarien Bank Limited, Point House, 6 Front Street, Hamilton, HM11 Bermuda,*
SWIFT:*CAGPBMHM*
Beneficiary AC: *6000 309731 USD*
Beneficiary Customer:WALK TO CALVARY BERMUDA
Beneficiary Address: 1 Pain Lane, St. George's GE03, Bermuda
Remittance Details: (Your Name/Purpose of Payment)

REMITTANCE ADVICE TO BE SENT TO info@walktocalvary.bm EMAIL

Terms and Conditions Agreement:

☐ I agree to the terms and conditions.

To submit this application form, please email INFO@WALKTOCALVARY.BM , we will review and confirm back to you within 72 business hours.

I authorize Walk to Calvary Bermuda to verify the information provided on this form (1) to confirm my identity (2) to augment and update currently held information; (3) to satisfy advertising information requests; and (4) to meet legal and regulatory requirements. I understand that false or misleading information in my application may result in my release and other governmental consequences.

Authorized Client Sponsor Signature	_____	Date:	_____

WTC Signature		Date:	