



2017 PARTNERSHIP AGREEMENT

PARTNERSHIP WITH PORT ORANGE FAMILY DAYS COMMUNITY TRUST SUPPORTS THE PRESENTATION OF EVENTS THROUGHOUT THE YEAR THAT UNDERScore AND ENHANCE THE FAMILY-FRIENDLY VALUES OF THE PORT ORANGE AREA AND PROVIDE PARTNERS WITH OPPORTUNITIES TO PUT THEIR NAMES AND MESSAGES BEFORE A SIGNIFICANT CROSS-SECTION OF AREA RESIDENTS. SPECIFIC BENEFITS ARE SPELLED OUT IN THE PARTNERSHIP INFORMATION LEVELS AND BENEFITS INFORMATION THAT ACCOMPANIES AND IS MADE PART OF THIS AGREEMENT, WHICH IS FOR A FULL 12 MONTHS FROM THE DATE OF SIGNING THIS CONTRACT & PAYMENT.

Partner Name: _____

Business Category or Description: _____

Partner Contact Person: _____

Title: _____ Preferred Phone: _____

Fax: _____ E-Mail: _____

Mailing Address: _____

PARTNERSHIP LEVEL Presenting Fireworks Mar. or Oct. Band Mar. or Oct.

Community Leader Good Corporate Citizen Family Friendly Adv. Sponsor

Bench, how many? _____

Amount: \$ _____ In Cash In Kind Combination % Cash _____

Payment(s) will be made on the following date(s): _____

Please note any special requirements or considerations relating to this Partnership Agreement.

Partner Approval and Authorization

By: _____

Printed Name & Title _____

Date: _____

Family Days Community Trust Acceptance

By: _____