

**4th Annual Andrews Valley Music Festival
Sponsorship Application
June 27, 2009**

Sponsor Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number Work (____) _____ Cell: (____) _____

Email Address:

Best time to contact:

Sponsorship level:

Payment enclosed: _____ **(make checks payable to Andrews Valley Music Festival)**

Please briefly describe your business:

The undersigned and/or its representatives and agents release and hold harmless the Andrews Valley Music Festival organizers and staff from any claim that is made against the undersigned as the result of this Sponsorship. Upon payment in full a receipt will be mailed which will include a copy of the Andrews Chamber of Commerce tax-exemption notification.

Authorized Signature _____ **Date** _____

**KEEP COPY FOR YOUR RECORDS AND SEND FORM TO: Andrews Chamber of Commerce
P.O. Box 800
Andrews, NC 28901**

For questions please contact the Andrews Chamber of Commerce @828-321-3584