



HCCS Sponsorship Contract

By completing and signing this contract, I agree to sponsor HCCS at the level noted below for one full year, and in doing so, I also understand that I am responsible for the entire amount of the sponsorship. I may elect to pay in monthly installments and understand that each payment is due by the last day of each month. Should I choose to do so, I may pay the entire sponsorship in advance and receive a 10% discount. There are no discounts for monthly payments.

Company Name: _____

First Name: _____ Last Name: _____

Address: _____

Suite: _____

City: _____ State: _____

Tel: _____ Fax: _____

Email: _____ Website: _____

Company Representative: _____

Cell: _____

Products/Services Offered: _____

Sponsorship Level (*Please circle*): GOLD (\$6500) SILVER (\$4750) BRONZE (\$2750)

I would like to be billed monthly. I understand that as a new sponsor, I must pay the first and last month in advance. I will be sent an invoice each month after that for 10 consecutive months. (12 payments total.)

I elect to pay the entire sponsorship in advance and my total amount due is: Gold (\$5850), Silver (\$4275) and Bronze (\$2475).

Print Name: _____ Signature: _____

Date: _____

Mail a copy of this contract with your first payment to: HCCS • P.O. Box 291097 Temple Terrace, FL 33687

Please also FAX a copy to: 727-231-8143 OR email: Nault.michelle@gmail.com

If you are not contacted with a receipt confirmation within 7 business days, please contact:

Executive Director: Michelle Nault • Tel: 813-453-0874