ARKANSAS BEVERAGE SALES

Sponsorship Request Form

Type of Sponsorship: please be specific about what it is you are asking us to consider doing as part of our partnership with you.

_____

_____

Circle the types of sponsorship you are looking for and specify the amount or describe further:
Product Donation- Amount: _____ Cash- Amount: _____Equipment:_____

Event Information:

Event Name:_____

Promoter Name:_____

Date of Event: _____ Event Duration:_____

Location of Event: _____

Expected Attendance: _____

Contact Information:

Main Contact: _____On-Site Contact: _____

Phone: _____ On-Site Phone: _____

Email: _____ Fax: _____

Address: _____

Charitable Event Information:

Event for Charity? YES NO If yes, please attach 501c3 filed with state of Arkansas

Name of Charity:_____

Address of Charity:_____

Marketing/Promotion Info:

Audience profile (age, Gender, Geographic draw): _____

Marketing Opportunities (media, radio, web site, on- site signage, social, etc.):_____

_____

Please send all requests to: Arkansas Beverage Sales
Attn: Marketing Department
100 Budweiser Lane
Hot Springs, AR. 71901 Fax: 501.262.0537