



**INDIVIDUAL SUPPORT REQUEST FORM**

**"NEW OPPORTUNITY"**

**(3 YEARS OF SUPPORT RECOGNITION)**

(All proceeds of support go into the general fund which supports student in need scholarships and general operations (i.e. uniform and equipment care and repair, as well as housing and travel expenses). Sponsor will be acknowledged on ihsnk.org homepage and back doors of band semi trailer in three designated areas based on level of support. All commitments are for 3 years with Right of First Renewal at end of commitment cycle.)

**SPONSORSHIP TYPE:**

**Back of Semi Trailer & ihsnk.org Home Page**

**PLATINUM LEVEL**

**\$500 Qty: \_\_\_\_\_**

**(Sample Name: The Honkanen Family 2007-12)**

**Maximum of 30 characters allowed.**

**GOLD LEVEL**

**\$350 Qty: \_\_\_\_\_**

**SILVER LEVEL**

**\$150 Qty: \_\_\_\_\_**

**NAME THAT SHOULD APPEAR ON TRAILER AND WEBSITE:**

\_\_\_\_\_

**SUPPORT REQUEST FORM AND PAYMENT SHOULD BE RETURNED TO:**

**Sonja Super  
Treasurer, Irondale Band Boosters  
Irondale Marching Knights  
PO Box 120283  
New Brighton, MN 55112**

(1) All sponsorships specified above are subject to review and approval by the Irondale Band Booster and School Administration.

(2) To hold position(s) requested, please sign, date, and return this order back to Sonja Super (see above).

(3) All sponsors will receive notice within two weeks of receipt of payment by thank you letter acknowledging sponsorship.

(4) By signing, sponsor acknowledges that they have read this document fully and agrees to be bound by the content of this form.

**(5) Payment must accompany the sponsorship request form to activate reservation(s) of space request locations. All space is determined based on date the request form is received, first come first served.**

Signature \_\_\_\_\_

Individual's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**SPONSORSHIP REQUEST FORM PAYMENT OPTIONS**

**Check enclosed (Payable to IHSMK Band Boosters)**

**Check no. \_\_\_\_\_**