Event Sponsor Form



Event		Event Date		
Sponsorship Amount \$				
Business Name (exactly as you wish it	to be used):			
Contact Name:	Compar	y Name:		
Phone Number ()	Mobile Number:	Fax Number:		
Email Address:	dress: Business Website Address:			
Billing Address:	City:	State:	Zip	
Payments can be made of 2 options (chee	ck one):			
1.) Check enclosed (Made payable Mail checks: P.O. Box 701037,	to WCR Osceola) St. Cloud, FL 34769			
2.) Invoice. We can Invoice you thr	ough QuickBooks to the contact above	2.		
When sending this form please also in	nclude your company logo and			

Please provide this form via email to:

a description of the services your company provides.

2024 WCR Osceola President

Contact: Mayra Nieves, President – Elect 2024 407-797-1864 mayrahomesforsale@gmail.com Milinda P Knollinger 321-624-7384 Osceolawcr@gmail.com