

Wood County Fair Sponsorship Form

Name: _____

Business Name: _____

Name as it should appear on promotions: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Phone Number: _____

Total Amount of Sponsorship: _____

Please bill me for my sponsorship ()

Bill me after Jan. 1, 2025 ()

Call (419) 352-0441 with questions



Thank You
for
Your Support

Sponsorship Package Choice

() Day Sponsor _____
Day Requested

() Department Sponsor _____
Amount

Department

() Activity Sponsor _____
Amount

Activity Name

() Golf Cart Sponsor _____
Director's Name

Entertainment Sponsorships

Amount

() Platinum _____

() Gold _____

() Silver _____

() Bronze _____

() Event Award _____

() Family Entertainment _____

Event to Be Featured at:

() In Kind Donation
Item/Time/Service _____

() Other _____