



PRESENTING SPONSOR - \$2,500

- Reserved tables for 16 guests with table recognition signs on each.
- Name and logo included on invitations/tickets/posters/mailings and all correspondence related to event if sponsorship committed by *August 18th, 2009*.
- The Most Prominent Recognition on:
 - Concert program
 - Concert banner at venue
 - Concert advertisement in newspaper
 - John Jarrard Concert website
 - UGA Music Business Program website
- Complimentary meal and drink tickets: barbecue, beer, wine and soft drinks
- As a Presenting Sponsor you are also listed on John Jarrard Concert website and receive the following for a one-year period of August 2009 through July 2010:
 - Sponsorship listing in media partner advertising including UGA Music Business Program Website.
 - Sponsorship listing in affiliated print and online collateral including invitations, e-mail promotional announcements to satellite events around the state.
 - Attendance and event benefits including two complimentary passes to each satellite event hosted around the state and company name on promotional signage at each event.

MAJOR SPONSOR - \$1,000

- Reserved table for 8 guests with table recognition signs.
- Recognition on:
 - Concert Program
 - Concert Banners
 - Concert Advertisement
- Complimentary meal and drink tickets: barbecue, beer, wine and soft drinks

PATRON SPONSOR - \$500

- Reserved table for 8 guests with table recognition signs.
- Recognition on:
 - Concert Program
- Complimentary tickets: beer and wine

FRIEND OF JOHN JARRARD - \$

If you'd like to donate to this wonderful foundation but unable to attend this years show.



Sponsorship Response Form

Yes, _____ (company or individual name as it should appear in recognition) accepts the invitation and agrees to sponsor the John Jarrard Concert on September 24, 2009.

Please select your level of participation:

_____ **Presenting** **\$2,500**
_____ **Major** **\$1,000**
_____ **Patron** **\$500**

___ **Our check for \$_____ is enclosed payable to the John Jarrard Foundation.**

___ **We would like to make our payment by credit card as follows:**

___ VISA ___ MasterCard Card Number _____

Expiration Date _____ Name on Credit Card _____

Signature _____

Please list a contact from your company for this special event.

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Please mail to: The John Jarrard Foundation
500 Jesse Jewell Parkway
Suite 303
Gainesville, GA 30501