

Birkie Trail Friends Sponsorship Application

Contact Information for Primary Contact:

Name: _____ Email: _____ Phone: _____

Address _____ City: _____ State: _____ Zip: _____

Sponsor Name(s) As They Should Appear on Plaque:

Please remember that all plaques are 5 1/2" x 5 1/2". The font size of sponsor name(s) will be determined by number and length of names to be included on plaque.

Kilometer Selection (from Table):

Premium K
(3 yrs @ \$500/yr)

Other K
(3 yrs @ \$300/yr)

1st Choice _____

2nd Choice _____

3rd Choice _____

Payment Options:

_____ I have enclosed the full Birkie Trail Friend Sponsorship fee amount for the entire three year period.

_____ I prefer to be billed annually. 1/3 of my Birkie Trail Friend Sponsorship is enclosed or charge my credit card listed below. Please bill me annually for the remainder of my sponsorship. I understand I will be charged an additional \$25 each for years two and three of the sponsorship for this billing option.

Credit Card Number _____ Exp. Date _____

Signature _____

Please make checks payable to: ABSF (American Birkebeiner Ski Foundation)

Birkie Trail Friends Agreement

I, _____, agree to support maintenance of the American Birkebeiner
(Print Primary Contact's Name Here)

Trail system as a Birkie Trail Friend Sponsor. I also agree to act as the primary contact and reasonable party for this sponsorship agreement if we are a business or multiple individuals or families. I accept responsibility for paying all sponsorship fees in a timely manner.

(Signature of Primary Contact)

(Date)

Completed form should be mailed to:

American Birkebeiner Ski Foundation
PO Box 911
Hayward WI 54843

For more information contact the ABSF at:

phone: 715-634-5025
email: birkie@birkie.com

Or faxed to:
715-634-5663

Thank you for becoming a Birkie Trail Friend!