



Kankakee Valley Youth Symphony Orchestra

P.O. Box 572, Kankakee, IL 60901

Email: info@kvyso.com

kvyso.com

KVYSO 4-Year Chair Sponsorship Agreement

_____ agrees to sponsor a KVYSO
Please print as you wish your name to appear in the Concert Programs

_____ Chair for four (4) years at \$250.00 per year.
Please indicate Chair to be sponsored

1. First payment to be made on the date of this agreement for the 1st year - Season: _____.
2. Second payment to be made by September 15 of the 2nd year - Season: _____.
3. Third payment to be made by September 15 for the 3rd year - Season: _____.
4. Fourth payment to be made by September 15 for the 4th year - Season: _____.

Or, if preferred, total payment may be made with the mailing of this agreement.

KVYSO agrees to acknowledge this Sponsorship in all KVYSO Concert Programs and in any and all appropriate new releases during all four seasons.

Agreed by - Signature

Date

Address

Phone

Email address

Please make checks payable to **KVYSO**.

Mail check and this form to: **KVYSO, P.O. Box 572, Kankakee, IL 60901.**

Enclosed: \$ _____ **Check #** _____