

**FESTIVAL OF TREES
TREE SPONSOR AGREEMENT FORM**

I, the undersigned agree to sponsor a **decorated artificial Christmas tree** in the following category:

____ **\$300.00** (4 foot pencil tree)

____ **\$375.00** (4 ½ foot pine tree)

____ **\$400.00** (5 foot pencil tree)

____ **\$525.00** (6 ½ foot pine tree)

____ **\$500.00** (6 foot pencil tree)

____ **\$575.00** (7 ½ foot pine tree)

I agree that I or a designated representative will select my tree at the Opening Night Event, Friday, November 16th, during the lottery process. I also agree to have my tree displayed during the entire festival, which will be held at the **Owatonna Holiday Inn Hotel and Suites from November 16th through November 24th, 2018.**

The close of the Festival will be on Saturday, November 24th and delivery of the trees will occur the week of November 25th, otherwise by arrangement of the Tree Sponsor. **Payment must be received by November 9th, 2018.** Checks should be made out to ADD.

My name (organization, business or individual) should be listed in the program as follows:

(Please print)

Please deliver the tree to the following address:

____ I choose to donate the tree back to Advocates for Developmental Disabilities to someone in need on my behalf. (Donated trees have been greatly appreciated by families in the past.)

Some have purchased a tree *in memory of* or *in honor of someone*

Contact person: _____

Address: _____

Email Address: _____

Phone: _____

Signature: _____

Date: _____

**Mail Tree Sponsor Agreement to: ADD, 1225 Lincoln Ave. So., Owatonna, MN 55060
507-451-9769**

**FESTIVAL OF TREES
CORPORATE SPONSOR AGREEMENT FORM**

I, the undersigned agree to be a corporate sponsor in the following category:

_____ **\$600 - \$799 sponsorship** - Entitles you to **4 tickets** to the Opening Night Event

_____ **\$800 - \$999 sponsorship** - Entitles you to **6 tickets** to the Opening Night Event

_____ **\$1000+ sponsorship** - Entitles you to **8 tickets** to the Opening Night Event

My name (organization, business or individual) should be listed in the program as follows:

(Please print)

Contact person: _____

Address: _____

Email Address: _____

Phone: _____

Signature: _____

Date: _____

Payment must be received by November 9th, 2018. Checks should be made out to ADD.

**Mail Corporate Sponsorship Agreement to: ADD, 1225 Lincoln Ave. So., Owatonna, MN 55060
507-451-9769**