PARTNERSHIP LEVELS AND PAYMENT OPTIONS

Date: _____/_____/_____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Contact Person: _____

Email Address: _____

Authorized Signature: _____

_____ We prefer to design our ad and submit it in a format ready for publication.

_____ We prefer the school design the ad and submit it to us for approval.

Jumbo Tron Club Sponsor

_____ Yes, we would like to participate in the CCHS Business Partnership Program as a Jumbo Tron Club Sponsor.

_____ We will pay $**6,500** on or before **August 15**, **2026**

_____ We prefer to be billed quarterly (**$1625**, August, November, February, May)

Gold Club Sponsor

_____ Yes, we would like to participate in the CCHS Business Partnership Program as a Gold Club Sponsor.

_____ We will pay $**4,500** on or before **August 15, 2026**

_____ We prefer to be billed quarterly ($**1125,** August, November, February, May)

Silver Club Sponsor

_____ Yes, we would like to participate in the CCHS Business Partnership Program as a Silver Club Sponsor.

_____ We will pay $**3,500** on or before **August 15, 2026**

_____ We prefer to be billed quarterly ($**875**, August, November, February, May)

Bronze Club Sponsor

_____ Yes, we would like to participate in the CCHS Business Partnership Program as a Bronze Club Sponsor.

_____ We will pay $**2,500** on or before **August 15, 2026**

_____ We prefer to be billed quarterly ($**625,** August, November, February, May)

Copper Club Sponsor

_____ Yes, we would like to participate in the CCHS Business Partnership Program as a Copper Club Sponsor.