



SPONSORSHIP REGISTRATION FORM

PLEASE NOTE: NO REFUNDS FOR CANCELLED REGISTRATIONS AFTER
MARCH 1, 2023.

CONTACT INFORMATION

Name of Organization _____

Organization Contact Name _____

Address _____

City _____

PROV. / STATE _____

POSTAL CODE / ZIP Email _____

Phone _____

SPONSORSHIP PACKAGE OPTIONS

- | | |
|---------------------------------|---------|
| <input type="checkbox"/> GOLD | \$2,000 |
| <input type="checkbox"/> SILVER | \$1,000 |
| <input type="checkbox"/> BRONZE | \$500 |

SUB TOTAL _____

Add 5% GST _____

TOTAL OF SPONSORSHIP _____

PLEASE CHARGE MY VISA MASTERCARD CHEQUE ENCLOSED

CARD NUMBER _____

CARDHOLDER NAME _____

EXPIRY DATE BILLING _____ CVC _____

ADDRESS BILLING _____

TELEPHONE BILLING _____

CONTACT _____

Please make all cheques payable to the Strathcona Regional District.

Please go to www.adventureshow.ca to register or return a copy of this form to:

Strathcona Gardens Recreation Complex
225 South Dogwood St.
Campbell River BC V9W 8C8
250-830-6777
nioas@srd.ca