

Spirit Club international Inc.
Exhibitor/Product Distribution Request

Company Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Web Address: _____ Email: _____

Company information and description for emcee: _____

California Cheer and Dance State Championship
March 10, 2012 (Schools) March 11, 2012 (All-Stars)

Event and Opportunity	Advertisement Size	Pricing	Sub Total
*Cheer and Dance State Championship Exhibitor	3/10/2012	\$400.00	
	3/11/2012	\$400.00	
	Both Days	\$600.00(save \$200)	
*Product Distribution		\$250.00 per day	
Company Sponsorship		Please call	

Vendor Details

Exhibitor:

- Opportunity to advertise to, sell to, and create business relationship with attendees of all ages
- Includes one (1) 9 foot table and two chairs
- Additional Chairs and Tables can be requested at an additional cost.
- Set-up in an area conducive to sales
- Two passes and vendor badges to the event
- Additional vendor badges can be requested at an additional cost.

***If you attend both days and pay in advance:**

- Be mentioned by the emcee throughout the competition
- A complete contact list of all attending schools/programs (one week after event)
- A link for your company on our site www.spiritclubcheer.com. Expires three (3) months after event.

Product Distribution:

- Give us your product that you want to promote and we will make sure that our competitors, coaches or spectators receive what you want to distribute.

Company Sponsorship:

- Do you want your logo on the trophies, shirts or on our stage? Company Sponsorship can give you maximum exposure. Call (818) 206-8575 for details.



**Spirit Club International, Inc.
Credit Card Authorization Form**

I, _____, hereby authorize Spirit Club International, Inc. to charge my credit card account. I affirm that I am at least 18 years old and that I am legally authorized to use the credit card account number specified below. I understand and agree that the charges specified below are irrevocable and may not be charged-back at any time in the future.

SIGNATURE: x _____ Date: _____

Team Name / Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Check One: Visa MasterCard

Credit Card #: _____ CSV ____ _

Expiration Date: _____ Amount to Charge: \$ _____

Signature: _____

Billing Name (as it appears on credit card): _____

Billing Address (if different from above): _____
