

218 Madison Street Oak Park, IL 60302 Phone: 708.725.2000 Fax: 708.725.2301

www.pdop.org

SPONSORSHIP COMMITMENT FORM

COMMUNITY EVENTS	Date [*]	Presenting \$1000	Community \$500	On - Site \$250	In Kind ^a
Day in Our Village ^b	June				
Back to School Fit Fest ^b	September				
Fall Fest ^b	September				

STAGE EVENTS	Date*	Presenting \$1000	Community \$500	On - Site \$250	In Kind ^a
Movies in the Park (entire series)	Summer		N/A	N/A	N/A
Summer Concerts (per concert)	Summer	N/A		N/A	N/A

SEASONAL EVENTS	Date*	Presenting \$1000	Community \$500	On - Site \$250	In Kind ^a
KidsFest ^b	March	N/A	N/A	N/A	
Egg Hunt ^b	Spring				
Fright at Night	October	N/A		N/A	
Santa Trolley	December	N/A		N/A	
Winter Fest	January	N/A		N/A	

DOG EVENTS	Date*	Presenting \$1000	Community \$500	On - Site \$250	In Kind ^a
Doggie Egg Scramble	Spring				
Yappy Hour	Spring				

OTHER	Date*	Presenting \$1000	Community \$500	On - Site \$250	In Kind ^a
Parks Passport Program	Summer			N/A	
Sizzling Summer Dance	Summer				N/A

RACES	Date*	Presenting \$4500	Youth Mile \$2500	Community \$1500	On - Site \$500	In Kind ^a
Frank Lloyd Wright Races ^b	October					

^{*}Exact dates vary by year and will be provided to sponsor as soon as the dates are confirmed.

(continue)

^aIn-Kind sponsors provide goods and services, increasing dollars raised that go directly towards the event. In-Kind benefits are based on the approximate value of the in-kind donation and is at the discretion of the Park District of Oak Park

^bsponsors provide an event appropriate on-site activity; subject to review by Park District of Oak Park.









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SPONSORSHIP COMMITMENT FORM (continued)

Company Informatio	n			
Business/Organization:				
		Non-Profit (non-profit organizatio	ons receive a 20% discount)
Contact Name:				
Contact Address:				
Contact Email:				
Contact Phone:			Cell:	
Payment Information	n			
Invoice will be submitte	ed via email to the Conta	ct Email listed	d in the Company Info	ormation Section.
Alternate Invoicing Option	าร			
Invoice Email:				
Invoice Address:				
Invoice Contact Name:				
Agreement				
\square 1 Year Commitment				
☐ 3 Year Commitment (· · ·		•	☐ Invoice Total Amount
Total Amount of Agreen	nent (including applicab	le discounts):		
\square IN KIND / Donation	Product:		Quantity:	/ Donation: \$
I agree to the Terms & C generated upon receipt			d on the Commitmen	t Form. An invoice will be
Name:				
Signature:				Date:
PDOP Signature:				Date:
Please submi	it completed form	to Kristi Br	aun <u>kristi.braun</u>	@pdop.org
For Internal Use Or	nly			
Agreement Dates Invoice Date(s)	Start Date:		End Date:	





