



## Sponsorship Application

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

Indicate the level of sponsorship. \_\_\_\_\_ Total \$ \_\_\_\_\_

Comments \_\_\_\_\_

Thank you for your interest in participating as a sponsor. We look forward to you being a part of the American Mule and Bluegrass Festival, LLC (AMABF).

Make Check to AMABF Send to 2591 US HWY 231 South Shelbyville TN. 37160

Return Check /insufficient funds Fee is \$35.00

Rain or Shine nonrefundable