

2027 EVENT SPONSORSHIP COMMITMENT FORM



SPONSOR INFORMATION

Name of Underwriter (as it appears in promotional materials):

Company _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Email _____

I/We agree to participate at _____ level for \$ _____

Please make checks
payable to MVHS
& mail to
648 Wick Ave,
Youngstown, OH 44502

PAYMENT INFORMATION

**Please note that a 3% fee will be charged on any credit card transactions.*

Credit Card # _____

Exp. Date _____ CVV Code _____ Zip _____

Signature _____

****Sponsorship form must be received by January 8, 2027 to be included on invitation.****

Register Online

