

RANCH ROCK RODEO

Sponsorship Agreement

AUGUST 21-23, 2026

SPONSORING BUSINESS NAME: _____

REPRESENTATIVE FROM BUSINESS: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER (OF REPRESENTATIVE): _____

EMAIL (OF REPRESENTATIVE): _____

LEVEL OF SPONSORSHIP: (CHECK/FILL OUT WHAT APPLIES)

___ GOLD SPONSOR

___ GRAND STAND SPONSOR

___ ADDITIONAL:

___ SILVER SPONSOR

___ NAME A BULL/HORSE

___ BRONZE SPONSOR

___ BIG SCREEN ADS

___ STAGE SPONSOR

___ EVENT SPONSOR

___ BANNER

___ ARTIST SPONSOR

___ CHUTE BOARD SPONSOR

___ VENDORS

___ RANCH TEAM

BUSINESS WILL PROVIDE: (CHECK WHAT APPLIES AND AD TOTAL OF SPONSORSHIP PACKAGE BELOW)

CASH/CHECK/PAYMENT: _____

PRODUCT/IN-KIND: _____

ADVERTISEMENT: _____

BANNER: _____

TOTAL BUSINESS OWES: _____

ADDITIONAL COMMENTS: _____

SPONSOR SIGNATURE: _____

DATE: _____

****VENDORS MUST PROVIDE LIABILITY INSURANCE UPON SET UP****

ALL CHECKS CAN BE MADE OUT TO: 989 PRODUCTIONS

ALL CHECKS CAN BE SENT TO: PO BOX 252 SAINT JOHNS MI 48879

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: KYLE FULLHART AT (989) 640-1669

DENISE FULLHART AT (517) 712-9197

RANCH ROCK RODEO

Copy of Agreement

AUGUST 21-23, 2026

SPONSORING BUSINESS NAME: _____

REPRESENTATIVE FROM BUSINESS: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

PHONE NUMBER (OF REPRESENTATIVE): _____

EMAIL (OF REPRESENTATIVE): _____

LEVEL OF SPONSORSHIP: (CHECK/FILL OUT WHAT APPLIES)

___ GOLD SPONSOR

___ GRAND STAND SPONSOR

___ ADDITIONAL:

___ SILVER SPONSOR

___ NAME A BULL/HORSE

___ BRONZE SPONSOR

___ BIG SCREEN ADS

___ STAGE SPONSOR

___ EVENT SPONSOR

___ BANNER

___ ARTIST SPONSOR

___ CHUTE BOARD SPONSOR

___ VENDORS

___ RANCH TEAM

BUSINESS WILL PROVIDE: (CHECK WHAT APPLIES AND AD TOTAL OF SPONSORSHIP PACKAGE BELOW)

CASH/CHECK/PAYMENT: _____

PRODUCT/IN-KIND: _____

ADVERTISEMENT: _____

BANNER: _____

TOTAL BUSINESS OWES: _____

ADDITIONAL COMMENTS: _____

SPONSOR SIGNATURE: _____

DATE: _____

****VENDORS MUST PROVIDE LIABILITY INSURANCE UPON SET UP****

ALL CHECKS CAN BE MADE OUT TO: 989 PRODUCTIONS

ALL CHECKS CAN BE SENT TO: PO BOX 252 SAINT JOHNS MI 48879

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: KYLE FULLHART AT (989 640-1669

DENISE FULLHART AT (517) 712-9197