

2025 VCGP Sponsorship Application

Friday, April 25, 2025 (12:00pm – 5:00pm) through Sunday April 27, 2025. 8:00am to 5:00 p.m.

Applications must be completed and received by 5:00pm April 11, 2025



Business Name: _____

dba Name: _____

Contact Name(s) _____

Phone: (____) _____ Email: _____

Business Mailing Address: _____

Website and/or Social Media: _____

Nevada Tax ID Number: (on-site display sponsors only) _____

Federal Employer Tax ID Number (EIN): (on-site display sponsors only) _____

Please include a High-Resolution File of Your Logo (jpeg or AI preferred): jpeg pdf AI Ot

\$1,000 – Gold Level Sponsorship Fee \$500 – Silver Level Sponsorship Fee \$250 – Bronze Sponsorship Fee

Not For Profit Other Amount Pay by Credit Card

**Please refer to Sponsorship Benefits Listing for additional details regarding fees and benefits.*

TERMS: I am applying as a sponsor of the 2025 Virginia City Grand Prix. I have read and understand the event information, agree to comply with the requirements and enclose payment for the applicable fees. By signing below, you are committed to participating in the 2025 Virginia City Grand Prix and agree to follow the terms as outlined below:

- You agree to be active in Social Media promoting your company/products and participation in the VCGP.
- You understand payment and application is required to hold your website, event materials and event program space.
- If any changes are made to your application, you agree to provide updated information by 4/11/2025.

Signature: _____ Printed Name: _____ Date: _____

**By signing this form, you are stating that you are authorized to sign on behalf of the company/organization named above*

**Please mail completed application and payment to VCMC, PO Box 1082, Virginia City, NV 89440.
Questions? Contact Paul Gross at paulgross@comcast.net or (310) 721-7865 mobile/text**

CREDIT CARD AUTHORIZATION:

Payment Information:

Enclosed, please find my check # _____ for \$ _____ payable to the Virginia City Motorsports Club (VCMC).

Please charge my credit card for \$ _____: VISA MasterCard Other

Merchandise or Exchange of Service

Card number: _____ Exp. Date (Mo/Year) _____ / _____ Security Code (CVV) _____

Name on Card: _____ Signature: _____