



Together We Fair

SPONSOR SUPPORT FORM

HAMILTON COUNTY FAIR

JULY 22 - 27, 2025

WWW.HAMCOEXPO.COM

2025 GRANDSTAND EVENTS:

Karl Chevrolet Hamilton County Speedway

Thursday, July 24: Thursday Night Thunder Races | **Friday, July 25:** Malvern Bank Sprint Cars

Saturday, July 26: Kids Night at the Races | **Sunday, July 27:** Eve of Destruction

SPONSORSHIPS DUE: JUNE 20, 2025

	\$2,000 CHAMPION	\$1,000 RESERVE	\$750 PURPLE RIBBON	\$500 BLUE RIBBON	\$250 RED RIBBON	\$100 WHITE RIBBON
THURSDAY	16	8	6	4	2	1
FRIDAY	16	8	6	4	2	1
SATURDAY	16	8	6	4	2	1
SUNDAY	16	8	6	4	2	1
PARKING PASSES	16	8	6	4	2	1
CARNIVAL VOUCHERS	16	8	6	4	2	1

\$2,500-\$5,000 Sponsor/Special Event Sponsor: Packages will be determined by donation amount.

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HAMILTON COUNTY FAIR: TOGETHER WE FAIR

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Thank you for choosing to support the 2025 Hamilton County Fair: Together We Fair. We are thrilled to have you as a partner. Your sponsorship helps us create lasting memories for attendees of all ages and supports the youth of Hamilton County. The success of our fair would not be possible without the generosity of individuals and businesses like yours.

Please complete the sponsorship form attached and return it using one of the following methods:

- Drop off at the Hamilton County Fair Office: 1200 Bluff Street
- Mail to: P.O. Box 563
- Email to: Jamie Griffith at hamcoexpo@gmail.com

Upon receipt of your completed form and payment, your ticket package will be prepared. You may choose to have your tickets: mailed to your address, delivered locally, or picked up at the Fair Office. Please indicate your preferred delivery method when submitting your form.

We sincerely appreciate your support and look forward to partnering with you for a successful 2025 Hamilton County Fair.

Please mark your sponsorship package:

<input type="checkbox"/> CHAMPIONSHIP \$2,000	<input type="checkbox"/> RESERVE \$1,000	<input type="checkbox"/> PURPLE RIBBON \$750	<input type="checkbox"/> BLUE RIBBON \$500
<input type="checkbox"/> RED RIBBON \$250	<input type="checkbox"/> WHITE RIBBON \$100	<input type="checkbox"/> OTHER AMT: _____	

BUSINESS NAME: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

Please select how you would like to receive tickets:

<input type="checkbox"/> MAIL TICKETS	<input type="checkbox"/> DELIVER	<input type="checkbox"/> PICK UP AT FAIR OFFICE
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SIGNATURE

DATE

FOR OFFICE USE ONLY:

<input type="checkbox"/> PMT REC'VD	<input type="checkbox"/> TICKETS M-D-P	<input type="checkbox"/> LOGO REC'VD
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