



February 9-11, 2018

Partnership Letter of Agreement

_____ hereby agrees to become a partner for Sportsfest 2018. As a partner, we understand that our group will organize our own winter activity, special event or tournament as part of Sportsfest 2018. This is a great opportunity for our group to fund-raise. As a partner, we will receive the assistance of the City of Port Colborne's Community Services, Special Events department to answer any questions, assist in marketing your event. Please provide any photos of your events to assist with our promotion. The fee to participate is \$50.00. We further understand that partnership benefits will not be provided and this agreement will not be binding on the Corporation until this agreement is executed by a Corporation representative in the space below. _____ initial here.

Our group will organize a _____ to be held at

(Event title)

on

from

am / pm

(Location)

(Date)

(Start time)

to _____ am / pm Proceeds will go towards _____

(End time)

(Charity/Non Profit Beneficiary)

Event will be: Free of Charge Entry/Participation Fee Misc. Fee Other

Please provide details of charges or fees to participants

Terms and Conditions

Sportsfest 2018 will be held rain or shine, with no refunds unless it is cancelled by the City of Port Colborne Community Services, Special Events department. You are responsible for providing your own event insurance and ensuring the safety of all participants, as well as booking any facilities needed to host your event.

The deadline for submission is December 29th, 2017.

The last date to enter into a Partnership Agreement with the Corporation is December 29th, 2017. _____ initial. I have read and agree to the terms stipulated in this Letter of Agreement. _____ initial.



Partnership information: (due December 29th, 2017)

Group: _____

Contact: _____ Title: _____
Responsible for event

Phone: _____ (x) _____

Email: _____

Address: _____
Mailing address

City: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

Partnership information during event:

Contact: _____
On site during event

Phone: _____
On site during event

Payment terms for partnership:

\$50.00 commitment/advertising fee due December 29th, 2017.
(\$44.25 + \$5.75 HST Registration # 106984107RT)

Fee Paid: Cash Cheque Master Card Visa

Credit Card # _____ Expiry Date: _____ / _____
month year

Signature _____

Please make cheques payable to City of Port Colborne

Approved by City Staff Signature

Date



Post event report: (due February 16th, 2018)

Please provide accurate information. This information will not be shared with any 3rd party and is for the sole purpose of statistics for Community Services, City of Port Colborne.

Event: _____

Number of Participants: _____ accurate estimated

If participation was low, would you contribute it to the following: (please check all that apply)

- weather conditions event not advertised well enough location of event
- cost of event hours of the event other (explain below)

Total value raised for your choice of charity: \$ _____

Charity choice: _____

Thank you for participating in the 2018 Sportsfest, the Festival of Events for the City of Port Colborne. Your continued support and programming ensures the citizens of our city are able to 'Porticipate' and enjoy a healthy active lifestyle.

Please return to:

**Community Services City of Port Colborne
Attn: Gina Murdoch
296 Fielden Avenue
Port Colborne, ON, L3K 4T6
Phone: 905-835-2900 ext 534
Fax: 905-834-2072**