

ANNUAL SPONSORSHIP FORM

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The Sandra J. Wing Healing Therapies Foundation greatly appreciates all levels of sponsorship participation. Please review the information below, and complete all of the areas that are related to your sponsorship level.

COMPANY / PERSON NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SPONSOR LEVEL: _____

CIRCLE PAYMENT METHOD: AMEX VISA MASTER CARD CHECK # _____

AMOUNT \$ _____ NAME ON CARD _____

CREDIT CARD # _____ EXP DATE _____ VERIFICATION CODE _____

ADDRESS _____

PHONE # _____

PLEASE MAKE ALL PAYMENTS TO Sandra J. Wing Healing Therapies Foundation

Mail or fax payment to: Sandra J. Wing Healing Therapies Foundation
5890 Stoneridge Dr., Ste 104 Pleasanton, CA 94588
Fax: 877-603-8019

Sponsor Signature _____ Date _____

Print Name _____ Title _____

If your sponsorship level includes tickets to Ragin Cajun and/or a Foursome to Golf, please indicate NAME and EMAIL of each attendee. If you do not know the names at this time, indicate "Call for info" and we will call you when the event draws near. Thank you!

(next page please)

NAMES OF GUESTS:

Ragin Cajun

- | | |
|----------------|-------------|
| 1. NAME _____ | EMAIL _____ |
| 2. NAME _____ | EMAIL _____ |
| 3. NAME _____ | EMAIL _____ |
| 4. NAME _____ | EMAIL _____ |
| 5. NAME _____ | EMAIL _____ |
| 6. NAME _____ | EMAIL _____ |
| 7. NAME _____ | EMAIL _____ |
| 8. NAME _____ | EMAIL _____ |
| 9. NAME _____ | EMAIL _____ |
| 10. NAME _____ | EMAIL _____ |

Golf Foursome

- | | |
|---------------|-------------|
| 1. NAME _____ | EMAIL _____ |
| 2. NAME _____ | EMAIL _____ |
| 3. NAME _____ | EMAIL _____ |
| 4. NAME _____ | EMAIL _____ |

The Sandra J. Wing Healing Therapies Foundation is a 501 (c) (3) non-profit organization. Tax ID # 80-0476824.

The applicant shall indemnify, defend and hold the Sandra J. Wing Healing Therapies Foundation, their directors, officers, employees, agents and representatives, harmless from and against any and all claims, damages, losses or expenses (including reasonable attorneys, accountants and expert witness fees and costs) incurred by the Sandra J. Wing Healing Therapies Foundation as the result of (i) a material breach by the applicant of any of its obligations under this Agreement, or (ii) any willful or negligent conduct of the applicant. Any communication or notice required or which may be given hereunder shall be addressed to the Sandra J. Wing Healing Therapies Foundation at their addresses set forth previously in this agreement.

Applicant agrees to read and abide by all event rules and regulations. Event participation is not guaranteed until committee approval of Sponsor and receipt of payment in full. Sponsor acknowledges by their signature that, the Sandra J. Wing Healing Therapies Foundation is only a facilitator for this event and participation by Sponsor is voluntary. As such, the Sandra J. Wing Healing Therapies Foundation shall not be liable to Sponsor or to any of their employees, agents, patrons or invitees, or to any other person for any loss or damage to persons or property during the event and Sponsor shall indemnify and hold harmless, the Sandra J. Wing Healing Therapies Foundation from all claims for any such damages.