



Sponsorship Application
Downtown Dunedin Merchants Association
Special Events

Date: _____

Company Name: _____

Type of Business: _____

Website: _____

Mailing Address: _____

Fax: () _____

Primary Contact

Name: _____

Position: _____

Office Phone: () _____ Cell Phone: () _____

Email: _____

Secondary Contact

Name: _____

Position: _____

Office Phone: () _____ Cell Phone: () _____

Email: _____

Event & Sponsor Level:

Sponsor Details:

Special Requirements:



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Sponsorship is contingent on agreeing to terms & conditions and payment in full.

Make checks payable to: *Downtown Dunedin Merchants Association*

Mail completed application & check to: **Downtown Dunedin Merchants Association**
P.O. Box 2112
Dunedin, Florida 34697

For Credit Card Payments, please contact us.

Questions? sponsorship@DunedinMerchants.com