



# Jay Community Recreational Centre

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[www.jaycommunityrecreationalcentre.org](http://www.jaycommunityrecreationalcentre.org)  
 Sally Rivard, Chair, 802.318.1206  
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**10<sup>th</sup> Annual JCRC Oktoberfest • October 4, 2025 • 10:00 am – 3:00 pm**  
 Regardless of size, all sponsorship and vendors will be appropriately recognized!





## SPONSORSHIP FORM

YES, I/We \_\_\_\_\_ (please insert your/corporation's name) would like to sponsor the JCRC's 10<sup>th</sup> Annual Oktoberfest Fundraising Event on Saturday, October 4, 2025. Enclosed is my/our sponsorship of \$ \_\_\_\_\_. Please mail your payment with this form to the Jay Community Recreational Centre as noted above. (All checks are to be made payable to the JAY COMMUNITY RECREATIONAL CENTRE)

2025 JCRC's 10 <sup>th</sup> ANNUAL OKTOBERFEST FUNDRAISING EVENT SPONSORSHIP AMOUNT		
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75
<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	<input type="checkbox"/> Other \$ _____
I/WE WISH TO MAKE AN "IN-KIND" DONATION OF A GIFT CERTIFICATE OR AN ITEM for the SILENT AUCTION HELD DURING OKTOBERFEST		
<input type="checkbox"/> A Gift Certificate in the amount of \$ _____	<input type="checkbox"/> Product Donation (please describe below) Value: \$ _____	

Donations can be made via PayPal at [www.jaycommunityrecreationalcentre.com](http://www.jaycommunityrecreationalcentre.com) located under "Make a Donation."  
**TO BE INCLUDED ON SPONSORSHIP BANNER, YOUR SPONSORSHIP MUST BE RECEIVED NO LATER THAN September 15, 2025.**  
**All credit card payments will be charged a 3.5% processing fee.**

Please complete the appropriate information below AND RETURN THIS TO US

Credit Card Type:	   	Must be in U.S. funds, drawn on a U.S. bank. <input type="checkbox"/> Check Amount: (USD) \$ _____ Check Nr. _____
Credit Card Number:	Expiration Date: ____/____/____	CCV# _____
Billing Zip Code:	Name As It Appears on Card:	
Authorized Signature:	COMPANY/NAME:	
PERMANENT MAILING ADDRESS:		
CITY:	STATE:	ZIP/POSTAL CODE:
PHONE	EMAIL ADDRESS:	
BY: (Please Print Name)	TITLE:	

For Additional Questions, please contact: Denise M. Rossignol | Email: [denisemrossignol@cs.com](mailto:denisemrossignol@cs.com) • Phone: 1.516.901.1857