

2025 KWCA Kansas Shrine Duals Sponsorship & Advertising Order Form

Online Form Available at www.KansasShrineDuals.com

ADVERTISING ORDERS MUST BE RECEIVED BY WEDNESDAY, MARCH 19, 2025

Sponsor/Advertiser Name: _____

Contact Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City, State, Zip: _____

Sponsorship/Ad in honor of (name of participant you are supporting, if applicable):

Champion Level Sponsor

Includes logo on Kansas Shrine Duals website, full page ad in the official match day digital program, business logo on both the East & West Team Autograph Posters & digital program wrestler spotlight, opportunity to hang business banner in the arena (banner to be provided by business), sponsor recognition on broadcast and PA

Team Autograph Poster Sponsor:

Business logo on the official 22" x 28" team posters available as the perfect autograph item during the Team Autograph Sessions during the event.

Wrestler's Program Spotlight:

Business logo or supporters names on a specific wrestler's spotlight in the official digital match day program. Wrestler spotlight includes photos, awards, bio and more!

AD COPY / DESIGN NOTES

___ Ad copy attached
(or sending via email)

___ Ad needs designed
(no extra charge)

Please attach completed
ads/copy note/design notes/etc.
or send via email to
director@KansasShrineBowl.com

SPONSORSHIPS		
X	Sponsorship	Price
<input checked="" type="checkbox"/>	Champion Level Sponsor	\$500
<input type="checkbox"/>	Both East & West Team Autograph Poster Sponsor	\$200
<input type="checkbox"/>	East Team Autograph Poster Sponsor	\$150
<input type="checkbox"/>	West Team Autograph Poster Sponsor	\$150

DIGITAL PROGRAM ADVERTISING		
X	Ad Size	Price
<input type="checkbox"/>	Full Page (7.5" x 10")	\$200
<input type="checkbox"/>	1/2 Page (7.5" x 5" or 3.75" x 10")	\$150
<input type="checkbox"/>	Logo/Name on Wrestler's Digital Program Spotlight	\$100

	General Support Donation	\$ _____
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TOTAL ENCLOSED: \$ _____
Checks Payable to:
Kansas Shrine Bowl
PO Box 867
Baldwin City, KS 66006

BILLING INFORMATION

___ Check Attached (payable to Kansas Shrine Bowl)

___ Request Invoice for Payment Processing

Card Payment # _____ Exp Date: _____

Billing Address if different from above: _____