**The Vermont Children's Trust Foundation’s**

**THE POLAR EXPRESS™ Train Ride**

**2020 CORPORATE BELL RINGER SPONSORSHIP**

**PLEASE NOTE:** This completed form and your payment must be postmarked by **November 4, 2020**.

Please mail to: **VCTF: 95 St. Paul Street, Suite 330, Burlington, VT 05401**.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| CONTACT NAME | | | | | | | | | | | | |
|  | | |  |  | |  | |  | |  | |  |
| ADDRESS | | |  | CITY |  | | STATE | |  | | ZIP | |
|  |  |  | | | | | | | | | | |
| TEL |  | E-MAIL | | | | | | | | | | |

Bell Ringer sponsors will have their business name listed in our event. Employees may purchase advanced tickets, depending on the level of sponsorship, at $30.00 each.

**$2,000** - up to **40 tickets $1,500** -up to **30 tickets $1,000** -up to **25 tickets**

**$750** -up to **15 tickets $500**-up to **10 tickets**

If you interested in **Silver**, **Gold, Platinum**, **Shining star** or **Presenting** sponsorship opportunities, please contact our office at 802-951-8604.

**I would like my corporate name listed in the songbook as:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Saturday, December 12** | | **Sunday, December 13** | |
| **Boarding Time** | **# of Tickets** | **Boarding Time** | **# of Tickets** |
| 11:45 |  | 11:45 |  |
| 12:45 |  | 12:45 |  |
| 1:45 |  | 1:45 |  |
| 2: 45 |  | 2: 45 |  |
| 3: 45 |  | 3: 45 |  |
| 4: 45 |  | 4: 45 |  |
| 5: 45 |  | 5: 45 |  |
| 6: 45 |  | 6: 45 |  |

*Please indicate number of tickets requested per train. Children under 24 months do not need a ticket and are considered lap passengers. If you prefer they have their own seat, please purchase a ticket.*

|  |  |
| --- | --- |
| Corporate sponsorship amount: | $ |
| I would like to order \_\_\_\_\_\_ # of tickets at $30/ each: | $ |
| I want to donate tickets to a children’s organization: \_\_\_\_\_ # of tickets @$30/each: | $ |
| **Processing** **fee:** | $12.00 |
| **Total Amount:** | $ |

**Payment method:**

\_\_\_\_\_ Check payable to VCTF: check #\_\_\_\_\_\_\_ is enclosed. -or- \_\_\_\_\_ Credit Card (MC/ Visa/ Am Ex)

Card Number:  **−** **−** **−**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_

(**Note: charge will appear as “Vermont Children’s Trust” on your bill)**

Name on the card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By obtaining tickets as a VCTF donor the ticket holder hereby releases Vermont Children’s Trust Foundation (“VCTF”) from any and all liability and holds VCTF harmless for any injury, accident, or damages suffered from participating in the Polar Express from, among other things, negligence, conditions of the premises, operation of the train, actions or omissions of employees or agents of VCTF. The ticket holder assumes the risk of all such injury or damage.