

2026 Curtis-Albright Family Reunion— Family Legacy Exchange Sponsor Approval Form

Sponsor / Business Information

Business / Organization Name: _____

- Contact Person Full Name: _____ Title / Position: _____
- Street Address: _____ Suite / Unit / Apt: _____
- City: _____ State: _____ Zip Code: _____
- Telephone Number: _____ Extension: _____
- Email Address: _____ Website / Social Link: _____

Sponsor Level Selection (Check One)

- Family Tree Advocate Sponsor — 35 Items = Business Card Ad (No LegacyVision Billboard)
- Memory Makers Exchange Sponsor — 100 Items = Quarter-Page Ad + LegacyVision Billboard
- Heritage Keeper Exchange Sponsor — 200 Items = Half-Page Ad + LegacyVision Billboard
- Legacy Pillar Exchange Sponsor — 300+ Items = Full-Page Ad + LegacyVision Billboard

Sponsored Exchange Item Details

- Name of Sponsored Item(s): _____ Estimated Quantity: _____
- Brief Description of item(s): _____

Individually Packaged? Yes No Branded with Company Name/Logo? Yes No

Food / Liquid / Cosmetic / Consumable? Yes No If yes, describe contents: _____

Delivery Method: Ship Drop-Off Hand Deliver Other: _____

Estimated Delivery Date: _____

Ad Submission Information: Purpose of Ad Submission (Check One):

Business Advertisement Event / Promotion Church / Community Message Memorial Congratulations

Other: _____ Additional Notes / Instructions: _____

Authorization & Terms: By signing below, I/we certify that:

- I/We am/are authorized to represent this business, sponsor, or organization. I affirm submitted logos, artwork, ads, trademarks, and materials are owned by me/us or used with proper authorization.
- I/We understand the Committee may approve or reject submissions deemed unsafe, inappropriate, offensive, controversial, or Unsuitable for a family-centered environment.
- I/We understand submission does not guarantee placement until approval is complete.
- I /We understand the Curtis-Albright Family Reunion is not a nonprofit organization, and sponsorships or related contributions may or may not be tax deductible.

Signature: _____ Printed Name: _____

Date of Signature: _____

Return Submission To:

Curtis-Albright Family Reunion Planning Committee

Email: ads@curtisfamilyreunion.com

Phone: (336) 298-2121

Mailing Address:

Curtis Family Reunion, P.O. Box 185, Greensboro, NC 27402

Committee Use Only

Date Received: _____

Reviewed By: _____

Approved Denied Revision Requested

Approval Code: _____

Notes: _____