



February 7-9, 2020

Partnership Letter of Agreement

\_\_\_\_\_ hereby agrees to become a partner for Sportsfest 2020. As a partner, we understand that our group will organize our own winter activity, special event or tournament as part of Sportsfest 2020. This is a great opportunity for our group to fund-raise. As a partner, we will receive the assistance of the City of Port Colborne's Community Services, Special Events department to answer any questions and assist in marketing your event. Please provide any photos of your events to assist with our promotion. The fee to participate is \$50.00. We further understand that partnership benefits will not be provided and this agreement will not be binding on the Corporation until this agreement is executed by a Corporation representative in the space below. \_\_\_\_\_ initial here.

Our group will organize a \_\_\_\_\_ to be held at

(Event title)

on \_\_\_\_\_

from \_\_\_\_\_

am / pm

(Location)

(Date)

(Start time)

To \_\_\_\_\_ am / pm Proceeds will go towards \_\_\_\_\_

(End time)

(Charity/Non Profit Beneficiary)

Event will be:  Free of Charge  Entry/Participation Fee  Misc. Fee  Other

Please provide details of charges or fees to participants

Terms and Conditions

Sportsfest 2020 will be held rain or shine, with no refunds unless it is cancelled by the City of Port Colborne Community Services, Special Events department. You are responsible for providing your own event insurance and ensuring the safety of all participants, as well as booking any facilities needed to host your event.

The deadline for submission is December 27th, 2019.

The last date to enter into a Partnership Agreement with the Corporation is December 27th, 2019. \_\_\_\_\_ Initial.

I have read and agree to the terms stipulated in this Letter of Agreement. \_\_\_\_\_ Initial.



**Partnership information: (due December 27<sup>th</sup>, 2019)**

Group: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsible for event

Phone: \_\_\_\_\_ (x) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing address

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**Partnership information during event:**

Contact: \_\_\_\_\_  
On site during event

Phone: \_\_\_\_\_  
On site during event

**Payment terms for partnership:**

\$50.00 commitment/advertising fee due December 27<sup>th</sup>, 2019.  
(\$44.25 + \$5.75 HST Registration # 106984107RT)

Fee Paid:  Cash  Cheque  Master Card  Visa

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
month year

Signature \_\_\_\_\_

**\*Please make cheque payable to City of Port Colborne\***

\_\_\_\_\_  
Approved by City Staff Signature

\_\_\_\_\_  
Date



**Post event report: (due February 14<sup>th</sup>, 2020)**

Please provide accurate information. This information will not be shared with any 3<sup>rd</sup> party and is for the sole purpose of statistics for Community Services, City of Port Colborne.

Event: \_\_\_\_\_

Number of Participants: \_\_\_\_\_  accurate  estimated

If participation was low, would you contribute it to the following: (please check all that apply)

- Weather conditions
- event not advertised well enough
- location of event
- cost of event
- hours of the event
- other (explain below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total value raised for your choice of charity: \$ \_\_\_\_\_

Charity choice: \_\_\_\_\_

*Thank you for participating in the 2020 Sportsfest, the Festival of Events for the City of Port Colborne. Your continued support and programming ensures the citizens of our city are able to 'PORTicipate' and enjoy a healthy active lifestyle.*

**Please return to:**

**Community Services City of Port Colborne**  
**Attn: Luke Rowe**  
**66 Charlotte Street**  
**Port Colborne, ON, L3K 3C8**  
**Phone: 905-835-2900 ext. 566**  
**Fax: 905-834-2072**