Essex Corinthian Yacht Club
Cross Sound Challenge 2026
Sponsorship Opportunities

ECSA Points Regatta on September 12, 2026

Essex Corinthian Yacht Club
9 Novelty Lane, Essex CT 06426
Telephone: (860) 767-3239
Office: ecyc@essexcorinthian.org
Regatta: racechair@essexcorinthian.org

Sponsorship Levels: ☐ **$300 GOLD** ☐ **$200 SILVER** ☐ **$100 BRONZE**

Recognition Benefits
- Logo/name displayed on event poster
- Recognition in event-related press releases
- Logo/name on Yachtscoring entry page

Event Recognition & Benefits
- Mention of company/member participation at Post-Race Party
- Tickets to Post-Race Party ($300: 3 tickets; $200: 2 tickets; $100: 1 ticket)

Sponsorship Level: ☐ **$700+ DIAMOND** ☐ **$500 PLATINUM**

Recognition Benefits
- Logo/name displayed on event poster
- Recognition in event-related press releases
- Logo/name on Yachtscoring entry page

Event Recognition & Benefits
- Mention of company/member participation at Post-Race Party
- Tickets to Post-Race Party ($700+: 6 tickets $500: 5 tickets)
- One (1) company banner displayed at Post-Race Party (sponsor to provide banner)

Please mail attached form and payment by Tuesday, September 1, 2026 to:

Essex Corinthian Yacht Club, Attn: Cross Sound Challenge 2025
9B Novelty Lane, Essex CT 06426
Tel: (860) 767-3239 Email: ecyc@essexcorinthian.org

Sponsor Commitment Form

☐ Diamond Sponsor	$700+
☐ Platinum Sponsor	$500
☐ Gold Sponsor	$300
☐ Silver Sponsor	$200
☐ Bronze Sponsor	$100

Sponsor Information:

Company Name (if applicable): _____

Contact Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Signature: _____ Date: _____

Please note, in order to honor all print- and PR-related sponsor benefits, we must receive your signed contract, payment and logo (jpg format) no later than September 1.
Please email logo file to racechair@essexcorinthian.org.

Payment Options:

I am enclosing a CHECK payable to The Essex Corinthian Yacht Club for $ _____ .

Please INVOICE me/my company for $ _____. (Note: Payment due by September 1 to be valid.)

I am an ECYC Member; please charge my account for $ _____.

Please charge $ to my CREDIT CARD: (Circle One) VISA · MasterCard

Card Number:

_____

_____

Card Member Name:

Exp. Date (m/yr): ___/____ Security Code (3 digits on back): _____

Card Member's Signature: _____

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