



2026

EMERALD ISLE

FALL FISHING TOURNAMENT

SPONSORSHIP FORM

COMPANY OR FAMILY _____

INDIVIDUAL CONTACT NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

LEVEL OF SPONSORSHIP _____

ALL CHECKS SHOULD BE MADE OUT TO THE TOWN OF EMERALD ISLE.
SUBMIT TO MAILING ADDRESS OF TOWN AND ATT. LAURA ROTCHFORD.

CONTACT: MARK TAYLOR, TOWN COMMISSIONER, MTAYLOR@EMERALDISLE-NC.ORG (252)241-5087
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