P.O. Box 185517 Ft. Worth, TX 76181
Phone: 888-422-6820
Fax: 817-595-3549
publicrelations@psics.net

FREE SHIRT/CALENDAR/BANNER/CUPS AGREEMENT

This agreement is between Promotional Specialties International and _____ of _____ Health Department to produce t-shirts, calendars, banners or cups for said Health Department at NO COST. The t-shirts, calendars, banners or cups will feature the advertisements of local merchants, who make it possible for your Health Department to receive the t-shirts, calendars, banners or cups free through their participation. The front of the t-shirts, calendars, banners or cups will feature the logo/artwork that you choose.

This agreement gives Promotional Specialties International the authority to use the name of the Health Department and/or the Department's representatives name in the presentation of the t-shirts, calendars, banners or cups program to the local businesses. The number of items your Health Department will receive will depend on the amount of the paid participation from local supporters. Feel free to contact us toll free at anytime if you have any questions. Upon receipt, the t-shirts, calendars, banners or cups will be the responsibility of the Health Department.

Either party may cancel this agreement at anytime, however, all orders in process will be completed, printed and shipped to the authorizing party. Please notify your Department's administration of this project as some businesses may want to confirm your participation.Your signature below confirms that you have the authority to enter into this agreement and you further agree to verify with any sponsor that Promotional Specialties International is fully endorsed by your department.

Please sign and send back to get started with this free program!

☐ **2025/2026** ☐ **2026/2027** ☐ **2027/2028**

☐ **T-Shirts** ☐ **Calendars** ☐ **Banners** ☐ **Cups**

Authorized Signature:_____ ***Date:***_____

Authorized Printed Name/Title:_____

Phone #:_____ ***Email:***_____