



Annual Sponsorship Form

_____ Platinum \$15,000

_____ Silver \$6,000

_____ Gold \$10,000

_____ Bronze \$3,000

Date of Sponsorship: _____

Name of Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____

Email Address: _____

Phone Number: _____

Secondary Contact Name: _____

Email Address: _____

Phone Number: _____

Payment Method

Credit Card Number: _____

Name on Credit Card: _____

CVV: _____ Expiration Date: _____ Zip Code: _____

Signature: _____

Payment by Check: _____ Check Number: _____ Date: _____