

SPONSORSHIP FORM

Team Captain Information (If Golf Sponsorship):

First & Last Name: _____ Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

How did you learn about our organization?: _____

Pick a Sponsorship Level:

\$10,000 _____ (Name of sponsorship)

\$8,000 _____ (Name of sponsorship)

\$5,000 _____ (Name of sponsorship)

\$3,000 _____ (Name of sponsorship)

\$2,000 _____ (Name of sponsorship)

\$500 _____ (Name of sponsorship)

Payment Information:

Name on Check/Credit Card: _____ Credit Card/Check #: _____

Method: VISA MasterCard Discover AmEx

Check (Made payable to AHS Football Foundation)

Amount: _____ Expiration: _____ Security Code: _____

Signature: _____

Submit completed form with payment and email a high resolution company logo banner artwork if applicable to golf@atownfootball.com



For more information: golf@atownfootball.com | www.atownfootball.com