

SECURE YOUR SPONSORSHIP

Company Name

Company Contact

Company Contact Title

Phone Number

Email Address

Address

City

State Zip Code

Sponsorship Allocation:

Total Sponsorship Investment:

In-Kind Donation (optional):

In-Kind Donation Value (Optional):

Total Value of Sponsorship:



- Check Enclosed Check in Process Please charge credit card below for \$ _____
 Visa Mastercard American Express

Cardholder Name

Card Number

Expiration Date

Security Code

Billing Address

City

State Zip Code

Terms and Conditions



Sponsor must cancel contract for sponsorship, no refunds will be offered. Acceptance of t

by



is assigned on a first-come first-serve basis.

It is understood that sponsors



I have read and agree to the above terms and conditions.

Signature of Company Representative

Printed Name

Date

Signature of CPOA Representative

Title of CPOA Representative

Printed Name

Date