

Paid: _____
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BOYS & GIRLS CLUBS
 OF MARIN AND SOUTHERN SONOMA
 COUNTIES

ATHLETIC SPONSORSHIP FORM



Date: _____ Sponsor Name: _____
 Company Name as it will appear on T-Shirt

Contact Person: _____

Billing Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____



Team Sponsor

I would like to sponsor a team in the following league(s):

- Basketball** \$250.00 x _____ team(s) = \$ _____
- Baseball** \$250.00 x _____ team(s) = \$ _____
- Volleyball** \$250.00 x _____ team(s) = \$ _____
- Flag Football** \$250.00 x _____ team(s) = \$ _____

One team in each League - \$750.00 (4 teams total)

League Sponsor - \$2,500 - Logo on the front of every shirt in league and a banner in our gym

A check is enclosed payable to BGCMSSC
OR

Charge to my credit card (VISA or MC)
 (See below)

 Name On Card CVC

 Card Number Exp



League Sponsor



League Banner

If you would like to sponsor the team your child is on, please include the following information:

 Child's Name School Grade

Your Continuing Support is Greatly Appreciated!
"Great Futures Start Here"