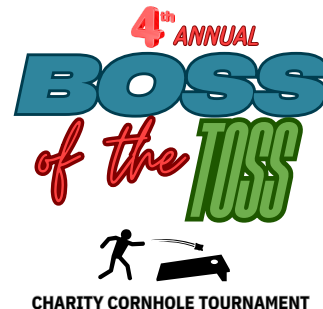


# Sponsorship Form



## Sponsor Information:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Billing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**AIRMAIL - \$5,000**

**INCLUDES:** 5 Teams (10 players total), lunch table at Rib Cook Off, wristbands for drinks inside, banner displayed, individual court sign and event day recognition

**SWISH - \$2,500**

**INCLUDES:** 4 Teams (8 players total), wristbands for drinks inside, banner displayed, individual court sign and event day recognition

**SLIDER- \$1,000**

**INCLUDES:** 2 Teams (4 players total), 3 drink tickets per player, banner displayed, individual court sign and event day recognition

**ACE - \$500**

**INCLUDES:** 1 Team (2 players total), 3 drink tickets per player, individual court sign and event day recognition

**Raffle Prize Donation:**

**(Description & value of prize)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT OPTIONS:** \*Payment by check is preferred and can be mailed to **PO. Box 2745 Sparks, NV 89432**

Cash or Check: Enclosed is my check payable to Nevada Kids Foundation for \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**For more INFO contact:**

**Kallie Todaro**

**director@nevadakidsfoundation.org**

**(775) 741-0398**

**501(C)(3) APPROVED ORGANIZATION**

**TAX ID 86-3448845**

**www.nevadakidsfoundation.org**