

BOCA HOOPS SPONSORSHIP APPLICATION

PRINT or TYPE

Sponsor Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Contact person: _____

Website _____ Contact Phone #: _____

E-mail _____

(CHECK appropriate selections)

<input type="checkbox"/> Team Sponsorship ** 400.00 (Check Div. / Circle age group)	<input type="checkbox"/> Corporate Banner Sponsorship (Check banner size)
<input type="checkbox"/> Co-ed Div. (U-7) Instructional Division	<input type="checkbox"/> Half Banner ** \$200.00
<input type="checkbox"/> Girls Div. (U-9 U-10 U-12 U-15)	<input type="checkbox"/> Full Banner ** \$ 400.00
<input type="checkbox"/> Boys Div. (U-9 U-11 U-13 U-15 U-17)	<input type="checkbox"/> High-5 Division **\$400.00
<input type="checkbox"/> High-5 Division	<input type="checkbox"/> Travel Program **400.00
<input type="checkbox"/> Scholarship Sponsor** \$ 100.00	<input type="checkbox"/> Championship Finals Sponsor ** \$ 200.00

COACH: I would like to coach my sponsored team. Head Assist.

Name: _____

(*If you are coaching, you must fill out coach's application, enclosed in this packet.)

PLAYER: My child will be on my sponsored team. (Your child must register to play.)

Child's name: _____ Birth date: _____

Child's name: _____ Birth date: _____

In space below, Print / Type: *Name* that is to go on jersey or *Info* that will go on your Banner.

(No logos permitted on jerseys/ only "camera ready" logos may be used for banners)

Payment: Amount: _____ Check #: _____ Date sent: _____ Date received: _____

Signature: _____

SPONSOR REQUEST: All requests are subject to player ratings and approval of league officials.

Coach: Head Assistant

Name: _____

Player:

Name: _____

Mail to: Boca Hoops, Inc., C/o Sponsorships, P.O. Box 6068, Boca Raton, FL 33427

Inquiries: Call 561-395-7372 ext. 103 E mail: sponsor@bocahoops.com

****ALL FEES ARE TAX DEDUCTIBLE****

