**Sponsor Form**

**Academy of Competitive Excellence in conjunction with: Epic United Volleyball**

**Donor Information (please print or type)**

|  |  |
| --- | --- |
| **\*Club Player Being Sponsored** |  |
| \*Sponsor Company Name |  |
| Sponsor Name, title (if applicable) |  |
| Desired Listing on T-shirt |  |
|  Business Website Address |  |
| Business Address |  |
| City, State, Zip Code |  |
| Business Telephone |  |
| Business Website Address |  |
| \*Business E-mail Address |  |
| Desired T-shirt size (deluxe only) |  |

*\*These are the only mandatory rows if you wish for your donation to be anonymous.*

**Pledge Information**

I (we) pledge a total of $ to be paid.

 (check if) I/we wish to have our gift remain anonymous.

Signature(s) Date

Donations of $50 – sponsor receives name on club t-shirt

Donations of $100 – sponsor receives name on t-shirt & website

Donations of $200 – sponsor receives deluxe package\*\*

\*\*Deluxe package: The sponsor receives his/her name on the sponsor t-shirt and on the website. The sponsor also receives their contact information on website, a link to his/her website, an option to distribute coupons or a gift to the club or at a tournament, and a t-shirt for the sponsor him/herself if requested. They will also periodically be a featured sponsor with name and contact info listed on the front page of our website.

Please make checks, corporate matches, or other gifts payable to:

**Academy of Competitive Excellence**

**PO Box 305, Schererville, IN 46375**

**Contact with questions: Ryan Summers at 219-613-3301**