

## **Spring Mills Athletics Sponsorship Contract**



## 2017-2018 Season

Business	s name:				
Business	address:				
Business	contact name:				
Business	contact phone number:				
	Sponsor	ship Level Select	ion (Please circ	ele one)	
	Platinum	Gold	Silver	Bronze	
	Junior Sponsorship Selecti	ons (Please choo	se option(s) an	d circle size-if applicable)	
□ I □ I Payment signe	<del></del> · ·	e full (\$2) four times per r uidelines: (Initial nin 30 days of spo is sooner); unless	50) 1/2 (\$150 nonth of the ca on each line) onsorship select a payment arran	lendar school year (\$300) tions being chosen and/or this ngements in writing are made.	
	SMA contact info: Kristin	Helmick 304-279	9- <b>2809</b> Email: <b>s</b> j	oringmillsathletics@gmail.com	
	Below is the authorized co	ntact for approva	al of all design I	ayouts for our sponsorship.	
	Name:		Daytime	#:	
Signature:			Date:		
Approved by:			Date:		