

**CHAMPION GYMNASTICS ACADEMY
ADVERTISING FORM**

Company or Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Phone (evening): _____

Contact Person: _____ Title: _____

Type of Sponsorship

_____ BRONZE CLUB

_____ SILVER CLUB

_____ GOLD CLUB

_____ OLYMPIC CLUB

_____ Other – List Amount \$ _____
(Contact Chuck Krause at the number below to discuss
acknowledgement options.)

Amount

Enclosed: _____

Make checks payable to:
Champion Gymnastics

Return to:

Champion Gymnastics Academy
PMB 712
1163 E. March Lane, Ste D
Stockton, CA 95210

If you would like your sponsorship to go towards a specific classification, such as training equipment, training camps, etc. please list your request below:

You will be contacted to determine wording, logo information, etc.

**THANK YOU FOR YOUR SUPPORT!!!
(209)477-8978**