

**CHAMPION GYMNASTICS BOOSTER CLUB
SPONSORSHIP FORM**

Company or Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Contact Person: _____ Title: _____

Type of Sponsorship

_____ Program Advertising - Size: _____
(1/8 page-\$25; 1/4 page \$45; 1/2 page-80; full page \$125)

_____ Sign Advertising (\$250)

_____ Bronze Sponsorship (\$275)

_____ Silver Sponsorship (\$350)

_____ Gold Sponsorship (\$500)

_____ Olympic Sponsorship – Amount: \$ _____

_____ Renewing Sign Advertising (\$200)

Amount

Enclosed: _____

Make checks payable to:
Champion Gymnastics Booster Club

Sponsoring: _____
(athletes name)

Return to:

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

Please attach wording for your sign if applicable and/or your advertisement for the programs.

THANK YOU!!!