SPONSORSHIP COMMITMENT FORM

Company Information

Company Name: _____

Name as you would like it to appear for recognition purposes: _____

Contact name and position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Participation Level (please select one)

☐ Team & Hole Sponsor $900* (A savings of $50!) ☐ Team $700 ☐ Hole Sponsor $250* ☐ Other $ _____ (Donation of any amount is greatly appreciated!)

Player Names	**Handicap**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

*** Logos must be submitted via e-mail to linda.hurley@vnahsr.org in eps, high-resolution jpg or tiff format no later than July 1st for recognition purposes.**

Method of Payment

☐ Check enclosed (made payable to VNAHSR) for $ _____

FOR CREDIT CARD PAYMENT ONLY:

Type of credit card ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Total authorized charge amount: $ _____

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

Expiration date: _____ CVV#: _____

Signature: _____

Please mail check and completed form to: VNAHSR, 7 Albert Cree Drive, Rutland, VT 05701