

INTRAMURAL BASKETBALL SPONSOR APPLICATION



Sponsor Name: _____ E-Mail Address: _____

Business Name (if applicable): _____

Mailing Address: _____

Telephone Numbers: (Business) _____ (Cell) _____

Name to be Screen Printed on Team Shirt: _____

*Sponsors typically receive a team plaque in recognition of your sponsorship from the team; Circle **Yes** if you want to receive the plaque or **No** if you want to opt out of receiving a plaque.

CHILD / TEAM SPONSORSHIPS REQUEST

<u>SPORT</u>	<u>COST</u>	<u>CHILD'S NAME</u>	<u>CHILD'S LEAGUE or GRADE</u>
Intramural Basketball	\$250.00	_____	_____

Please mail this completed form along with your check made payable to:

**WRA, Inc.
P0 Box 64
Blue Bell, PA 19422**

Or you may also submit your sponsorship request online using a credit card at www.wrasports.org.

Every effort will be made to match the requested child with this sponsorship. However; this arrangement is not always possible. You will be notified if a conflict should arise. You may direct any questions regarding this application form to Patrick Walsh, IM Basketball Chair at patrick.walsh@millercoors.com.

THANK YOU FOR YOUR GENEROUS SUPPORT OF WRA SPORTS