



SPONSORSHIP SUBMISSION FORM

Contact Name: _____

Business Name (if applicable): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (Day): _____

Club Name (if applicable): _____

Other Contact Number: (Cell, Pager, etc.): _____

E-Mail Address: _____

Type of Sponsorship Desired: _____

- *Please write name or name of business as you would like it to appear in the recognition.*

Invoice Enclosed for the Amount of: _____

Checks should be made payable to IHSSDHOF and sent along with this completed form to:

*Bev Arnold
Indiana High School Swimming & Diving Hall of Fame
Treasurer
P.O. Box 808
Portland, IN 47371*

For office use only:

Date Received: _____ **Amount:** _____ **Check #:** _____

Received by: _____
Comments: