

# Norcross High School 2007 CONTRACT FOR SPONSORSHIP

**I AGREE TO SPONSOR NORCROSS HIGH SCHOOL'S FOOTBALL TEAM AT THE FOLLOWING LEVEL:**

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BY SIGNING THIS AGREEMENT, I AGREE TO PAY THE DESIGNATED SPONSORSHIP IN FULL BY 2-8-08.**

**SPONSOR NAME:** \_\_\_\_\_

**SPONSOR ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE INFO: (OFFICE) \_\_\_\_\_ (CELL) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LEVEL OF SPONSORSHIP: (SILVER OR BLUE MATRIX, LEADERBOARD, FULL PG, HALF PG, QTR PG)**

Credit Card Type: \_\_\_\_\_, Number: \_\_\_\_\_, Expiration: \_\_\_\_\_ AMT PD \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_ AD ATTACHED FOR PROGRAM? Yes No

**Make Checks payable to: NHS TOUCHDOWN CLUB, P.O. BOX 920427, NORCROSS, GA 30010-0427**

NHS STUDENT REP: \_\_\_\_\_ NHS REP: \_\_\_\_\_