

Norcross High School 2008 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 2-08-09.

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

SPONSOR ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

LEVELE 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: \_\_\_\_\_

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