



Sponsor Registration Form

Business Name: _____

Contact: _____

Address: _____

City, State and Zip Code: _____

Business Phone: (____) _____

Company Web Address: _____

Selected Level of Corporate Sponsorship:

_____ Platinum	=	\$2,500.00 per 24-month period
_____ Gold	=	\$1,500.00 per 12-month period
_____ Silver	=	\$ 500.00 per 12-month period
_____ Bronze	=	\$ 250.00 per 12-month period

Total Amount Due: _____

Please make checks payable to SCSTPA (St. Charles Swim Team Parents Association). After payment is received, a receipt will be mailed to you for your records.

Signature: _____

Thank you for your generous support of SC Swimming!