SOUTH FLORIDA

SFL Youth Basketball Sponsorship Agreement

Name of Bu <mark>sin</mark> ess			
	(as you wish	<mark>it to appear on ad</mark> vert	risin <mark>g)</mark>
Contact Person			
Street Address			
City		State	ZIP
E-mail Address	Web S	ite Address	
Work Phone	Cell Ph	none	
Sponsorship Level Commitment (check one)			
		(3.13.11.7)	
	☐ All American SHORTY Spons	sor \$3000.00	
	All American Spons		
	☐ Website Spons	sor \$1000.00	
	□ Sponsor a	Kid \$185.00	
	VOLITU		
	YOUTH		
Do You Have a Child in the Sou <mark>th</mark> Florida Youth Basketball Le <mark>a</mark> gue Program: Yes			
No	LEAGUE		
If yes, please provide the following additional information:			
Childs Name:	Age (Group:	
·		,	
Snansar's Signat	ture:	Date	ے
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