

HIDDEN VALLEY LAKE ATHLETIC CLUB SPONSOR FORM

Name of Sponsor: _____

Phone Number: _____

Address: _____

Email Address: _____

Name/phone/address as you want it to appear on the t-shirts (please print clearly)

If available please attach a business card, letter head and/or example of logo.

Color Request: _____
T-shirt (All lettering will be in white)

Number of years sponsoring: _____

How did you hear about sponsoring a team: _____

**Please make check payable to Hidden Valley Lake Athletic Club (HVLAC).
Please mail this form, logo and payment of \$150.00 to:**

HVLAC c/o Scott Daniels
20813 Alpine Drive
Lawrenceburg, IN 47025
513-460-6140

For office use: _____

Received Payment \$ _____ Date: _____

Received Logo: _____

Mailed Picture and Receipt/Thank You : _____