



2015 SPONSORSHIP REGISTRATION FORM

COMPANY NAME: _____
(PLEASE PRINT EXACTLY AS YOU WANT IT TO APPEAR ON THE SIGN)
CONTACT NAME: _____
CONTACT PHONE NUMBER: _____

PACKAGE DESIRED (CHECK ONE):
"JUST THE SIGN" (\$125.): _____
"JUST THE WEB" (\$125.): _____
BOTH THE SIGN & THE WEB (\$200): _____
*IF CHOOSING A SPONSORSHIP WITH THE WEB, PLEASE EMAIL YOUR
COMPANY LOGO TO WARRIORLAXWEB@GMAIL.COM.

PLEASE MAKE CHECKS PAYABLE TO:
"WARRIOR LACROSSE CLUB"
AND MAIL PAYMENT TO:
WARRIOR LACROSSE CLUB
PO BOX 402
SHREWSBURY, PA 17361

IF YOU HAVE ANY QUESTIONS:
CALL JASON AT 717-495-2545 OR EMAIL HIM AT WARRIORLAXWEB@GMAIL.COM

THANK YOU FOR YOUR SUPPORT!