



Corporate Sponsor Form

Name of Company: _____

Address : _____

City: _____ Zip: _____ Phone: _____

Contact Person: _____

Sponsor Level

3 Pt. Shot - \$1,500

2 Pt. Shot - \$750

1 Pt. Shot - \$375

Payment Type

Check No. _____

Money Order

Credit Card / Paypal

Cash

Thank you for your investment into the lives our students. Please make out your deductible contribution to:

ALL-STARs Kid Sports
16374 SW 69 Terrace
Miami, FL 33193

Authorized Signature

Date