



SPONSORSHIP FORM

(Please Print)

Company Name: _____

Address: _____

Business Email Address: _____

Contact: _____ Phone: _____

Player you wish to sponsor: _____ Division: Boys _____ Girls _____

Player's School Grade (for the upcoming 2005-2006 season): _____

Team Name to appear on shirt: Same as Company Name _____ Other: _____

If other, please indicate name: _____

Team color: First Choice: _____ Second Choice: _____

(Please note: it is not always possible to grant each team their color preference)

Sponsorship Fee: \$150 Paid _____ Check#: _____

Payment may be mailed to: P.O. Box 10391 Robbinsville, NJ 08650

The RBA is a not for profit organization providing a recreational basketball program for the children of Washington Township. Your tax deductible sponsorship supports the program's purchase of uniforms, equipment, services, and awards. (RBA Tax ID # 22-3524336)

Each sponsor's name is imprinted on each team shirt and shown in each team photo. In addition, at the conclusion of each season, each sponsor receives a team plaque with the team name and photo to display at your business.

Consent: I hereby agree to sponsor a team in the R.B.A. program and allow the RBA to place my company name on their website, in print, and in team pictures.

Signature of Sponsor: _____