

PRESENTED BY  
**PALS**



LoyalSource

HOSTED BY



Date: \_\_\_\_\_

How did you hear about event: \_\_\_\_\_

### SPONSOR/COMPANY INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### METHOD OF PAYMENT

\_\_\_\_ Cash \_\_\_\_ Credit Card \_\_\_\_ Check # \_\_\_\_\_

Sponsorship Amount enclosed or to charge \$ \_\_\_\_\_

#### CREDIT CARD INFORMATION

Name on card: \_\_\_\_\_

Card No. \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ \_\_ Visa \_\_ Amex \_\_ Mastercard \_\_ Discover

Billing address if different than above: \_\_\_\_\_

I hereby acknowledge and agree to the amount of the sponsorship. I understand that PALS is a nonprofit organization and this donation is tax deductible according to Florida tax status. Tax ID 01-0717788

Cardholder Signature: \_\_\_\_\_

*Typing your name is the same as signing your name and acknowledging payment*

#### CHOOSE YOUR SPONSORSHIP LEVEL

\$10,000 Co-Sponsorship

\$5,000 Sponsorship

\$2,500 Sponsorship

\$2,000 Sponsorship

Please provide the names (first & last name) of your teams based on the sponsorship level you chose. If you do not know the names of your guests at the time of submitting please inform guests that their name will be under the company name or email the names of your guests to judee.samuels@ucf.edu prior to **APRIL 20, 2021**. If your sponsorship entitles you to more guests please use a separate sheet. Thank you!

#### Team 1

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

#### Team 2

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Register on-line

