

CORAL SPRINGS BASKETBALL CLUB SPONSORSHIP AGREEMENT

Company Name: _____

Name of Sponsor: _____
(To be printed on shirt)

Shirt Size: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) - _____ - _____ ext. _____

Email: _____

Website: WWW. _____

Type of Business: _____
(i.e. medical, law, construction, food services, etc)

Sponsor Division: _____

Child Name: _____

Child Birthdate: _____

First Color: _____

Second Color: _____

Sponsor Division: _____

Child Name: _____

Child Birthdate: _____

First Color: _____

Second Color: _____

Amount Paid: _____
*Sponsor for three seasons, get a forth season free - \$450.00
**Sponsor for one season - \$150.00

Date: _____

Mail to:
Barry Popock
5355 North Springs Way
Coral Springs, FL 33076
Tel. 954-461-0592
Make check payable to CSBC

AVAILABLE COLORS

AQUA

BLACK

DARK BLUE

DEEP PURPLE

FOREST GREEN

GOLD

GREEN

IRIS

ISLAND YELLOW

HEATHER

KHAKI

KELLY GREEN

KIWI

LAVANDER

LIGHT BLUE

LIGHT GREEN

MAROONE

NAVY BLUE

ORANGE

PINK

PURPLE

RED

ROYAL BLUE

TRUE ROYAL BLUE

VIOLET

YELLOW

WHITE