

**2008 Saline Community 24-Hour Relay
SPONSOR RECEIPT**

Please PRINT, fill in completely and give to your sponsor(s)

Sponsor Name _____

Address _____

Phone _____ **FAX** _____

Please check your choice:

___ **Full Team Sponsorship**

_____ \$350/student team

_____ \$500/adult team

___ **Partial Team Sponsorship**

\$_____ /student team

\$_____ /adult team

Name of Team:

Your donation will be used to cover the participants' team registration fee. All proceeds from these fees support: DARE (Drug Awareness Resistance Education @ 5th grade); SADD (Students against Destructive Decisions @ SHS); STAND (Students Taking A New Direction) and Community Prevention Programs.

OR

___ **T-Shirt Sponsor** - \$100 will put your business logo on the Official Saline Community 24-Hour Relay Shirt.

If you are a NEW Relay sponsor, please include a black & white "camera-ready" logo

For your records: Tax I.D. # 38-3383237

If you have questions about this event or sponsorship, please contact one of the Relay Directors: Pat Everett (everettpm@gmail.com) or 637-3684) or Mark Schuby (429-8047)

This form may be copied as needed for multiple sponsors.