**2018 Memorial Tournament**

**“In-Kind” Sponsor Enrollment Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sponsor Name: |  | | | |
| Address: |  | | | |
|  |  | | | |
| Contact Name: |  | | | |
| Contact Email: |  | | | |
| Contact Phone: |  | | | |
| Website: |  | | | |
| ***I’m interested in providing “in-kind” donations of:*** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Approximate Value of Donations: | $ | | | |
| **IMPORTANT DATES:** | | | | **No Later Than:** |
| **Sponsor Deliverables:** | Submit This Form | |  | **April 25, 2018** |
|  | JPG of Logo*(if applicable)* | | | **April 27, 2018** |
|  | Banner(s) Due by:  For banners to be hung by May 1 | | | **April 27, 2018** |
| Signed: |  | | | |
| Printed Name: |  | | | Date: |
| ***For MTC Use ONLY, do not write below this line.*** | | | | |
| **Sponsor Level Awarded:** |  | **Gold** | Approved by: |  |
|  |  | **Silver** |  |  |
|  |  | **Bronze** |  |  |