



Sunday, April 19, 2009

# RESERVATION

## CORPORATE

### SPONSORSHIP OPPORTUNITIES

- PLATINUM SPONSOR (1 available) **\$25,000**
- TITLE SPONSOR (1 available) **\$15,000**
- VIP LUNCHEON SPONSOR (1 available) **\$10,000**
- AWARD SPONSOR (1 available) **\$5,000**
- GAME SPONSOR (1 available) **\$5,000**
- LANE SPONSOR (multiple available) **\$2,500**
- DELUXE TEAM (multiple available) **\$1,000**

## TEAM LEVELS

- TEAM **\$500**

Team Name: \_\_\_\_\_

- INDIVIDUAL BOWLER **\$125**

List all others bowling on your team to ensure desired placement (for full teams and/or single bowlers; 4 people max per team)

\_\_\_\_\_  
\_\_\_\_\_

Sponsorship Level: \_\_\_\_\_

Please indicate how the sponsor/team name is to be listed:

\_\_\_\_\_

Name \_\_\_\_\_

Company name \_\_\_\_\_

Tel. \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail address \_\_\_\_\_

**SEND ME AN INVOICE FOR FULL PAYMENT IN JANUARY 2009**

**CHECK ENCLOSED** Please make checks payable to:  
Foothill AIDS Project, 233 W. Harrison Avenue  
Claremont, CA 91711

**CREDIT CARD** Please circle credit card type:  
Visa      MasterCard      Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Card Identification Number \_\_\_\_\_ last 3 digits on back of card.

For more information contact Kristen at (909) 802-9049. **Return reservation form to 233 W. Harrison Avenue, Claremont 91711 / fax (909) 482-2070.**