Sponsorship Receipt Form

Krash

P.O. Box 207

Laingsburg, MI 48848

Company Name: _____

Name of Contact: _____

Telephone/Email: _____

Amount of Sponsorship: _____

Method of Payment: Cash_____Check # _____

Date received: _____

Signature of Company Contact: _____

Signature of Krash Contact: _____

Sponsor Receipt (detach and give to sponsor)

Name of Sponsor: _____

Amount of Sponsorship: _____

Date: _____

Krash Representative: _____

Gold Sponsor: $300.00

Silver Sponsor: $200.00

Bronze Sponsor: $100.00

At any level of sponsorship we will put your company name on the team banner