



## Sponsorship Information

<b>Business or Individual/Family Name:</b>	
<b>Business Contact Name:</b>	
<b>Business Contact Title:</b>	
<b>Street Address:</b>	
<b>City, State, and ZIP Code:</b>	
<b>Phone Number:</b>	
<b>E-Mail Address:</b>	
<b>Check Enclosed:</b>	<input type="checkbox"/> \$ _____
<b>Services Provided:</b>	
<b>Goods Donated:</b>	

<b>Please enclose the following:</b>	<b>E-mail electronic files to <a href="mailto:storm.swim@gmail.com">storm.swim@gmail.com</a></b>
Artwork or logo	
Advertisement for swim meet programs	
Web site address	

Sponsorship of the South Metro STORM Swim Club is effective for one year, beginning on \_\_\_\_\_, and ending on \_\_\_\_\_.

Signed: \_\_\_\_\_  
Sponsor Name

Dated: \_\_\_\_\_

The South Metro STORM Swim Club's non-profit federal tax ID number is **41-1674019**.

**Please return this completed form to:**

Phil Smith  
President  
South Metro STORM Swim Club  
P.O. Box 177  
Lakeville, MN 55044

**Or e-mail this completed form to:**

**storm.swim@gmail.com**

**THANK YOU FOR YOUR SUPPORT OF THE  
SOUTH METRO STORM SWIM CLUB!**

**South Metro STORM Swim Club • P.O. Box 177 • Lakeville, MN 55044  
storm.swim@gmail.com • www.mnstorm.org • 952-953-7789**