



## SPONSORSHIP SUBMISSION FORM

**Contact Name:** \_\_\_\_\_

**Business Name (if applicable):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone (Day):** \_\_\_\_\_

**Club Name (if applicable):** \_\_\_\_\_

**Other Contact Number: (Cell, Pager, etc.):** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Type of Sponsorship Desired:** \_\_\_\_\_

- *Please write name or name of business as you would like it to appear in the recognition.*

**Invoice Enclosed for the Amount of:** \_\_\_\_\_

*Checks should be made payable to IHSSDHOF and sent along with this completed form to:*

*Bev Arnold  
Indiana High School Swimming & Diving Hall of Fame  
Treasurer  
P.O. Box 808  
Portland, IN 47371*

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***For office use only:***

**Date Received:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Received by:** \_\_\_\_\_  
**Comments:**