

East Volusia FCA
Night of Champions with Coach Mark Richt
Thursday, May 3, 2018
Tomoka Christian Church

Presented by: Florida Hospital

Sponsorship Form

(Tables will be assigned based on sponsorship level & order in which payment is received)

Company Name: _____

Company Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Contact Name: _____ Phone: _____

Email: _____

I am happy to sponsor the *East Volusia FCA Night of Champions* as a:

___ Gold Sponsor (\$5,000)

___ Silver Sponsor (\$2,500)

___ Bronze Sponsor (\$1,000)

___ Olympian Sponsor (\$500)

___ Fan of FCA (\$250)

___ Individual Seats: Indicate # of each: ___ Adult (\$50) ___ Student or Coach (\$15)

Check Enclosed for \$ _____ School _____

Charge My Credit Card \$ _____ Type of Card: _____

Name on Card: _____

Card #: _____ Exp. Date ___/___/___

Billing Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Signature: _____ Date: ___/___/___

Name: (Print) _____

Please return completed form and payment to:

Fellowship of Christian Athletes
Kim Boyce, Metro Director
P.O. Box 731302
Ormond Beach, Florida, 32173



Register online—www.volusiafca.org